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ABSTRACT

This guide addresses many of the most common questions about case management asked by employment and training administrators and practitioners. Its table of contents is organized in a question-and-answer format. The content of the guide flows directly from program administrators, practitioners, case managers, and others in the field, gathered at workshops in case management conducted around the country. The first section of the guide is an overview of case management, including definitions and suggestions for effective case management. Its theme is that case management must occur on both the client level and the institutional level. The balance of the guide is organized in two parts. The first half focuses on client-centered interventions. It discusses what a case manager does with each young person and reviews how a case manager helps youth identify, gain timely access to, and successfully complete an individualized, coordinated set of services provided by a variety of institutions. The second half of the guide focuses on institutional agreements. It shows that client-centered activities will not succeed unless institutions develop formal interagency agreements that define new ways in which they will work together. It investigates how case managers operate across institutional boundaries and how communities can authorize case managers to requisition services. (KC)

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A Guide To Case Management For At-Risk Youth

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The principal author of the Guide is Christopher Kingsley; however, its contents draw heavily from questions asked by, and recommendations made by, several hundred youth practitioners who have participated in case management workshops sponsored by Brandeis University, the Department of Labor, the Casey Foundation, and other groups.

In addition, the Guide borrowed freely from the excellent work of:

Ira Cutler,
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*****

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FORWARD

It is common, of late, for employment-and-training practitioners to hear, "You ought to do case management!" The term is sprouting up all over the place -- in "shop-talk," in articles appearing in professional journals, even in state regulations.

In some circles, case management has been conservatively represented as a "promising approach" for serving "at-risk" youth. In others, there seem to be unqualified accolades -- "Everybody should do case management! It's the `silver bullet' we've been waiting for!"

This Guide has been written to separate the reality of case management from the "hype."

The Guide is not a comprehensive, be-all, end-all authority on the subject. There are many different definitions of case management, each of which has its own unique approach. We do not purport to cover all permutations of case management. Rather, we have focused upon one common approach that might be called "case manager as a generalist."

On the other hand, the Guide will address many of the most common questions asked by employment-and-training administrators and practitioners. In fact, its table of contents is conveniently organized in a question-and-answer format.

The content of the Guide flows directly from "folks in the field" -- program administrators, practitioners, case managers and others. Indeed, the questions and suggestions in each chapter have been synthesized directly from the questions and suggestions of many youth practitioners who have participated in case management workshops conducted around the country by the Center for Human resources.

We hope that this publication will serve as a primer for those who work directly with at-risk teenagers, who operate programs that serve young people, and/or who are interested in developing case management systems in their communities.

Ultimately, what we present here should be adapted and changed by local people to meet local needs and conditions.

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OVERVIEW: CASE MANAGEMENT FOR AT-RISK YOUTH

Hector is a seventeen-year-old school dropout who often lives on the streets. He moved to the United States mainland from Puerto Rico five years ago with his parents and two sisters. He is barely literate in English or Spanish, having left school two years ago after repeating the ninth grade unsuccessfully. He has never held a steady job and has had a few run-ins with the law. He approached several agencies seeking employment help, but dropped out of sight before any results were attained, saying that, "he was tired of the run-around." He is alternately charming and angry, friendly and distrustful. He is not sure what he wants. He needs, at the very least, basic education, skills training, housing assistance, counseling, and a job.

Julia is fifteen, a high school sophomore, and several months pregnant. She has gotten along in school, but she reads at only the seventh grade level. She plans to drop out of school soon and go to work, though her only experience is as a baby-sitter. She will need help staying in school and staying healthy: remedial education, medical and child-care, career education, and some initial work experience.

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What does an employment-and-training practitioner confronted by Hector and Julia do? Their many, complex needs nearly guarantee that one program won't suffice. Neither Hector nor Julia is an unusual case. They represent only two among many examples of a growing challenge to the JTPA system: "How do we help young people whose multiple needs earmark them for likely failure in our programs, in school, in the labor market, in society?"

We know that assisting Hector and Julia will take time. Quick-fix interventions and fragmented, categorical programs will rarely result in the long-term, positive outcomes either young person needs. Rather, Hector and Julia will probably require long-term, personal interventions that acknowledge the uniqueness of their individual strengths and needs, and that secure resources from a number of different institutions over time.

The need to deal with <u>multiple client problems</u> <u>over time</u> and <u>across institutions</u> makes **"case management"** a strategy worth considering.

WHAT IS CASE MANAGEMENT?

> "The new state regulations say that we should do case management, but they don't tell us what it is!"
> - a frustrated SDA Director

This refrain is not unusual. Growing numbers of policy-makers are hearing that "case management" is the solution to many of the ills of the programs they oversee. The term has begun to sprout up in regulations and program-design recommendations across the country. Although the term may be well-known, its reality is not. Local practitioners, program planners, and administrators ask, "What does case management mean to us?"

There are many definitions of "case management" -- so many that it's not surprising that planners called upon to implement such efforts find their heads spinning.

This Guide does not purport to present the "correct" definition of "case management." However, it does investigate common elements drawn from over a dozen generally-accepted models.
Regardless of whose definition one uses, there is a pattern:

Well-conceived case management activities occur at both the client level and the systems level.

This Guide bases its discussions upon a particularly good, "bi-level" definition (adapted from Scott & Cassidy, 1976; and Benjamin & Ben-Dashan, 1979). The client-level definition is:

> **Case-management is a client-centered, goal-oriented process for assessing the need of an individual for particular services and assisting him/her to obtain those services.**

In other words, the case manager works as a professional partner with each young person to:

- identify and prioritize personal strengths and needs, and translate them into a set of realistic goals;
- develop a plan of action for achieving those goals;
- access, across institutions, the resources needed to pursue those goals;
- successfully complete a "customized" set of services among a variety of institutions.

- learn to access services on his or her own and thereby reduce dependency upon the case manager.

In addition -- keeping in mind that case management is a bi-level concept -- the institutional part of the definition is:

> **At the systems level, case-management may be defined as a strategy for coordinating the provision of services to clients within that system.**

Put more simply, if this personalized, client-centered strategy is to work, case managers can't be left alone to do their stuff. They need to be backed up by a group of youth-serving institutions that have banded together through formal inter-agency agreements in a way that:

- insures that the broad selection of services commonly needed by young people are available to the case manager when the young people need them;
- enables case managers to know, in advance, what they can and cannot promise to their clients;
- empowers case managers to "requisition" services and resources across institutional lines;
- revises traditional modes of operation (referral procedures, capacity, assessment methods, etc.) if those modes do not work in the best interests of the young people they purport to serve.

WHY DO CASE MANAGEMENT?

Regardless of where one goes across the country, there is a common theme among youth program operators. They say that their client populations have grown progressively more "hard to serve" than was the case even several years ago. The "at-risk" client has become the norm rather than being a limited segment of programs' client populations. Yet, as the problems presented by teenage clients have grown in complexity, too often the services addressing them have remained fragmented and uncoordinated.

Well-designed case management efforts represent an opportunity to look at the whole young person, to better organize services, to reduce fragmentation. Case management is a strategy for change.

• Dealing with the whole person:

Case managers don't limit their attention to one program, one funding source, or one aspect of a young person's needs. They deal with many aspects of a young person's life. In doing so, they cross institutional boundaries.

Case managers work closely with each young person, his/her family and significant others to move the young person towards self-sufficiency. Case managers look at strengths and weaknesses, personal goals, family life, peer relationships, love relationships, the world of work, and school.

Case managers often operate as generalists or "jacks of all trade." They may assist a client in striking a deal with a probation officer, broker a placement in a job training program, or help the client's destitute family to secure emergency housing. Intervening at the interface of different systems, they act as interpreters and advocates, helping young people deal with various organizations' gate keepers.

Case managers may serve as a friend, a surrogate parent, a role model, a drill sergeant, a teacher, a crisis counselor, or a social entrepreneur. They may nag, cajole, prod, instruct, and encourage each youth under their wing. They may make referrals, and monitor a young person's relationship with a new agency. But beyond mediating and representing the interests of their clients, case managers also seek to alter clients' behaviors, strengthening young peoples' capacity to exercise self-determination and autonomy.

• Case management helps clients bridge institutions:

Effective case management acknowledges that at-risk youth rarely fit neatly into any one institution's service strategy. Granted, some needs can be served by one institution. For example, both Hector and Julia could probably benefit from JTPA employment & training services at some point. But they may need help to determine when they should enter JTPA programs, to identify which JTPA programs best address their unique needs, and to gain access to those programs. Similarly, both Hector and Julia could use an educational intervention, but they may need help with the same set of questions. In addition, Hector may require legal assistance, and Julia may need prenatal or child care. Again, these young people may need help to decide when, where, and how each will access these resources.

Case management acknowledges that the Hectors and Julias of the world need to deal with someone who recognizes that Hector requires different services than Julia -- that each is a unique, whole person with correspondingly special, complex needs. Hector and Julia need to work with someone who is not tied only to the mission

or function of his/her particular institution. This case manager needs to be a generalist -- a "youth worker" rather than a specialist "JTPA worker," "vocational counselor," "housing advocate," or "mental health worker."

Wearing this generalist hat, the case manager may indeed see a JTPA program as an integral part of an effective service plan for Hector or Julia, but will not assume that a JTPA intervention is even a primary need. Rather, the case manager will recognize that several other interventions may be necessary before JTPA "kicks in." And the case manager will stick with Hector and Julia as they progress through services and institutions -- monitoring their performance, troubleshooting, helping them advance from one service to another, weaning them until their personalized service plan is completed and they are capable of operating independently.

• Effective case management helps traditional institutional-driven systems become client-driven systems:

Hector's and Julia's need for case management assistance stems from the fragmented nature of traditional human service delivery. It is rare to find a community that offers teenagers a comprehensive service system. Rather, employment & training programs, schools, community-based organizations, and other youth-serving institutions tend to define themselves in terms of the specialized services they have chosen to provide.

Although Hector or Julia may need a coordinated set of services, and although access to one service may affect their likelihood of success in another, it is almost inevitable that they would have to independently negotiate a complex maze of institutions were a case manager not there to help. They would find that jobs, job training, and alternative education were JTPA's niche. They would discover quickly that traditional education would be that of the schools. Housing would be the niche of another agency. Child care would be that of still another. In other words, Hector and Julia would end up dealing with programs and services that are "institution-driven" and/or "funder-driven."

Compounding the problem, institution-driven interventions may be geared to the "average" or "typical" participant -- and Hector or Julia may not fit that mold. In the interest of efficiency, programs usually offer sets of standard components, each with a standard time-constraint attached. Regardless of ability or need, both Hector and Julia will probably be expected to participate in the same components and to "complete" within the time constraint dictated. Julia, who is more advanced than Hector in some ways, may end up participating in a set of services she doesn't really need, and may become bored. Hector, who learns more slowly, may fall behind, become disillusioned, and drop out of a system that was never designed to meet his needs in the first place.

Case management addresses the mismatch between the behavior of the helping-professions and the needs of the youth whom those services intend to help. When implemented well, it helps coordinate interventions and make better use of scarce resources.

Case management tailors programs and interventions to the clients themselves as opposed to more generic client needs. Hence, with case management assistance, Hector and Julia won't enter a program until they are ready. They won't enroll in a program that wasn't designed for them. They won't have to negotiate the inter-institutional maze alone.
Case management stimulates institutions to work together where, in the past, they had competed. The case manager helps the juvenile justice system and the JTPA system to coordinate activities for Hector. Inter-institutional "case conferences" facilitate active communication among service providers so that "the right hand knows what the left hand is doing."

Case management also helps identify inadequate services or gaps in services, and corrects those problems. When a pattern appears, be it unacceptable numbers of young people dropping out of a service, or finding themselves unable to enroll in a service because there are inadequate slots available, case managers are often the first to find out. As such, case managers can prove a valuable resource for institutional leaders seeking to improve their community's youth service system.

TEN IMPORTANT CASE MANAGEMENT CONCEPTS:

It should be clear by now that case management addresses not only participant issues, but also institutional and systems issues -- and these domains often overlap. With that in mind, there are ten cross-cutting themes that appear throughout effective case management initiatives around the country:

1. Case management means comprehensive, "client-centered" services:

Case management starts with the young person, and puts his/her unique needs before institutional specializations. Case management says, "Who are you, where are you now, where do you want to go, and how will we work together to get you there?" Then it works with institutions to assure that the young person's key needs and wishes are merged into a realistic plan of service. It assures that no participant will be "a square peg forced into a round hole."

2. There needs to be a relationship of mutual respect between the young person and the case manager:

For a young person to enthusiastically participate in the personal, long-term activities inherent in the case management process, s/he

must trust and respect the case manager. The young person needs to feel comfortable enough to share thoughts, dreams, aggravations, fears. Case managers need to convey respect to the young people they work with. Without the open and honest communication that stems from a relationship of mutual respect, little that a case manager does will be effective.

3. Case management requires partnership:

The case manager works in partnership with the young person, sharing responsibility rather than working on the young person. There is a division, rather than a substitution, of labor. Young people share responsibility for achieving their goals, and their level of responsibility increases over time as the case manager helps them become more independent.

Case management is also a "political" system based upon partnerships among institutions. There must be formal inter-agency agreements that give case managers the power to access services for young people. At some level, institutions must be flexible and willing to share their resources. In that context, the case manager works for all the institutions that have allied themselves in the name of "client-driven" services. The case manager helps institutions recruit participants, and links participants with institutions that offer services clients need.

4. Effective case management involves the participant's family and significant others:

For case management to succeed, the young person and others close to him or her (parents, boy/girlfriend, spouse, etc.) need to have a part in the development and joint ownership of a remediation plan, and must have a stake in insuring its success. A remediation strategy imposed without regard for the participant's and significant others' interests has little chance of bearing fruit. In every aspect of case management, the participant must be treated as a mature, responsible partner who is not alone in the world; and there must be an acknowledgement that support of other key people may be crucial if the young person is to successfully demonstrate that responsible role.

5. Case management relates client actions to outcomes:

Many disadvantaged youth experience life as a series of random events over which they have little control. Successful case management strives to rebuild that sense of control and predictability by helping young people to plan, to set goals, and to undertake a systematic process of meeting those goals. Young people learn that they can make choices and that their actions lead

directly to concrete outcomes. Good case management empowers young people to take control of their lives.

6. Case management is integrated and coordinated:

Solid case management integrates many things. It uses a participant's strengths to overcome some of his/her weaknesses. It uses one well-timed intervention to improve the effects of other services. The case manager needs to integrate services, making sure that both participant and institutions are kept informed about what the others are doing. The case manager mediates between and advocates among parties to ensure that each intervention supports other interventions.

7. The case manager or system must be accountable:

For a youth to trust and respect the case manager, and for effective coordination of services to succeed, the case manager must deliver what he or she promises. Young people, case managers, and institutions must be clear about their roles and responsibilities: tasks and associated time-lines must be written down; and ambiguity must be replaced by explicit agreements. When accountability is unclear, case management breaks down.

8. The relationship between case manager and client is ongoing:

The case manager's relationship with a young person spans organizational boundaries and lasts over the long-term. This is very different from typical human service relationships. In traditional systems, the youth's relationship with someone at an institution usually lasts only for the duration of services provided by that institution.

The case manager oversees the young person's progress (or lack of it) as s/he is served by one institution, then another, then another, and so on. It spans time and is not limited by which institution is doing the serving. The case manager becomes a steady "foundation" -- always there regardless of what else is happening.

9. Case management involves creative problem-solving:

A case manager develops a service plan with each client; yet the case manager expects that somehow, somewhere, the plan will break down. Case management interventions adapt, with minimal trauma, to planned and unplanned changes in a client's personal situation and/or in the human service system. Revision of plans are expected. Changes are anticipated. Good case management is driven

by an attitude reflected by the question, "How can we do this?" Flexibility and creativity replace an attitude of, "We can't do that because the system won't allow it."

10. Good case management is cost-effective over the long-run:

Case management is the opposite of "quick-fix." It is a fact of life that development of an effective case management system usually calls for heavy up-front expenses; however, it can become cost-effective over the long-term.

Initially, creation of a case management system calls for major expenditures as a community learns how to do it. There are heavy financial and time investments in planning, development, and implementation. Turf must be overcome and staff must be trained. Case loads need to be lower than the "norm." Like a new-model automobile, there are "retooling" costs. As a community learns how to do it, results may be unclear, frustration will be high, and there may even be calls to abandon the effort.

However, over the long-run, a well-conceived case management system can significantly increase the number of young people who successfully complete services and attain self-sufficiency. It can pay for itself ten times over by significantly reducing the number of young people who "spend the community's money fruitlessly" by leaving services prematurely. If a well-conceived case management system is put in place, it may reduce duplication and fragmentation of services -- another sure-fire contributor toward cost-effectiveness.

ORGANIZATION OF THIS GUIDE:

Continuing the theme that case management must occur on both the client-level and the institutional-level, the balance of this Guide has been organized in two parts:

CLIENT-CENTERED INTERVENTIONS: The first half of the Guide discusses what a case manager does with each young person. It reviews how a case manager helps youth identify, gain timely access to, and successfully complete an individualized, coordinated set of services provided by a variety of institutions. It is "must reading" for case managers or those considering becoming case managers. It also will help policy makers understand what case managers do with young people.

INSTITUTIONAL AGREEMENTS: The second half of the Guide shows that client-centered activities will not succeed unless institutions develop formal inter-agency agreements that define new ways in which they will work together. It investigates how case managers operate across institutional boundaries and how communities can empower case managers to "requisition" services. It discusses the ways in which case management is a "political" system bringing together community leaders in partnerships to improve youth services. This section is "must reading" for policy makers, community leaders, and other individuals who deal with the systems-end of case management.

CLIENT-CENTERED INTERVENTIONS

RELATIONSHIP BUILDING: THE KEY TO EFFECTIVE CASE MANAGEMENT

Let's start with the "heart" of good case management -- a relationship of respect and trust between case manager and client. Case management won't happen without it. This section discusses some of the factors that can help make that relationship happen.

What are the attitudes and behaviors of a "good" case manager?

Here's a given: For a young person to "buy in" to the long-term, challenging case management process, s/he must respect and trust the case manager. The same holds true in reverse. These concepts are not negotiable.

This trusting, respectful relationship does not come easily or instantaneously. It is built over time. It usually requires many personal contacts and struggles. A case manager can help this relationship come about by:

- **conveying respect:** a smile and warm welcome helps;
- **listening:** keeping one's mouth shut despite the urge to interrupt while the young person talks;
- **being non-judgmental:** avoiding the urge to criticize the youth when his/her opinion or choice appears "wrong;"
- **letting business wait:** avoiding the urge to jump in to the social-service issues that appear so pressing; and instead taking time to know the young person as a person;
- **recognizing when it is OK to deal with "serious stuff;"**
- **caring;**
- **working with the young person** to find a strategy s/he can "buy in" to for dealing with his/her needs;
- **showing integrity:** being careful not to make unrealistic promises, always striving to come through with what is promised, and "owning up" to mistakes;
- **being firm**, and insisting that the young person fulfill any promises s/he has made or agreements s/he has committed to;
- **being clear** about expectations, and challenging the young person to rise to his/her potential.

How might a typical case management appointment be structured and organized?

The attitudes and behaviors described above translate into a number of generic steps that are common to many case management appointments (or group sessions):

- greeting the young person;
- socializing...helping the young person feel at ease, and developing or renewing the relationship with him/her;
- acknowledging that some "business stuff" is forthcoming;
- discussing the young person's agenda for the appointment;
- telling the young person about the (case manager's) purpose for the appointment;
- developing a mutually-agreed-upon agenda;
- negotiating how and when the agenda can be pursued;
- clarifying what will have to wait for later appointments;
- tackling the "agenda of the day;"
- stimulating, through well-worded questions and statements, the young person's expression of facts, ideas, feelings, hopes, and/or problems;
- listening, listening, and listening;
- clarifying the young person's statements;
- interpreting body language, and discussing non-verbal behaviors to determine whether the young person's words actually reflect reality;
- challenging the young person's statements, when appropriate, in a caring, respectful way;
- providing information that brings ideas and wishes into reality;
- helping the youth to translate needs, hopes, wishes feelings, and problems into goals and action steps;
- helping the young person to prioritize action steps or remedial steps, and to develop a time-line for implementing those steps;
- following up on implementation, and providing the young person with support so that s/he can carry them out;
- revising goals and action steps as necessary.
- agreeing on what has been said;
- agreeing on tasks, incorporating them into a case plan, and setting deadlines;
- discussing life skills that can help complete the tasks;
- setting a date for the next meeting;
- putting closure on the meeting, and summarizing what has been agreed to.

What about confidentiality?

The young person must trust that what s/he says will remain confidential unless it is mutually agreed that others can hear about it. Recognizing that trust is a fragile thing, the case manager needs to:

- let the young person know that what s/he says will be held in confidence unless s/he wishes it to be otherwise;
- maintain that confidentiality;
- negotiate what the young person's parents and significant others will be told;
- acknowledge that the young person's situation is unique, important, and worthy of attention.

What are the common signals that a case management relationship is not working?

All the good intentions in the world don't assure success. There are some warning signs or symptoms which indicate that a case management relationship is not working. These include:

- the case manager does most of the talking;
- the young person is chronically late or fails to attend appointments;
- the young person is withdrawn, lies, or talks about anything but the real problems;
- the young person does not complete mutually agreed-upon tasks.

Case managers need to be up-front about these issues while still remaining non-judgmental. At-risk young people, particularly, may have encountered few adults who are willing to take the time and energy to confront their negative behaviors. Helping teenagers to discuss the consequences of not completing agreed-upon tasks or of shutting down communication will assist them to determine whether they really want case management.

How do you involve parents and "significant-others?"

Most young people aren't hermits. They are influenced, for better or worse, by many other people. Often those "significant others" carry weight -- weight that one case manager alone can't or shouldn't try to counter. Rather, the case manager should try to get those individuals to "jump on the bandwagon."

Parents and "significant-others" (spouses, boy or girlfriends, etc.) must be involved in the case management process. These people nearly always want to play a positive role in what happens to the young person they care about. Or on the other hand, if they sense that their role is being taken over by an institution, or if they feel isolated from services provided to this person, they may

subvert the case management process.

Enlisting these people is often tough, and may require extraordinary efforts not only from the case manager, but also from many other individuals and institutions. Effective case management requires a formal, institutionally-supported strategy assuring that significant-others will be involved in the service planning and delivery processes.

Several possible activities that may facilitate this are:

- providing an orientation or open house at which significant-others can learn about the case management process, become aware of their role in it, and meet case management staff;
- involving significant-others, with permission from the client, in case conferences where their input or involvement could facilitate achievement of the client's case plan;
- offering significant-others an active role in assisting the client to carry out his/her case plan (i.e., waking him/her up in time for school if tardiness had been a problem, asking how particular tasks were progressing, etc.);
- providing regular updates about the client's progress (on subjects that the young person has agreed may be revealed to these other people);
- discussing how the involvement of other key individuals is working, and troubleshooting problems;
- requesting input from significant-others about how services are working, and requesting feedback about how services can be improved;
- inviting significant-others to celebrations or graduation meetings marking special achievements or completion of services.

The list above is incomplete and inadequate. It should not imply that soliciting involvement of important people in a client's life is simple. In fact, addressing the issue of how to garner such involvement requires a publication of similar size to this case management Guide (Readers desiring additional information on this subject may request a separate publication by the Center for Human Resources titled, Parent Involvement in New Futures. Its lessons are targeted toward parents; however, they are nearly always equally applicable to "significant-others.").

THE COMPONENTS OF A CASE MANAGEMENT INTERVENTION

A case management system is usually implemented when a funder, a group of funders, or a group of institutions recognize that traditional, "standard" ways of doing business just don't work. Indeed, case management is a strategy with high potential because its client-centered approach does not force participants to fit that unsuccessful, standardized system. Yet this very aspect of case management --non-standardization -- raises key questions for program planners.

> "How can a community set up a "managable" case management system if "case management" means non-standardized services?"

Are there a "standard" series of case management components? Yes, there are -- with several caveats.

Successful case management initiatives do incorporate a number of nearly standard steps that allow interventions to be orderly and structured while also being client-centered and flexible. These steps vary in priority, sequencing, time allotted, and content based upon client goals and needs.

We present the following "standard" case management steps; however, in the name of flexibility and "client-centeredness," we note that they should be quickly altered, juggled, or even abandoned if at any time they fail to meet the unique needs of any young person they purport to serve. But taken together they represent a key set of activities common to almost every case management effort:

- pre-screening and orienting potential participants;
- intaking case-management participants;
- assessing case-management participants;
- setting goals;
- designing a case plan (service plan);
- implementing the case plan;
- monitoring service delivery;
- weaning the participant from dependence on case management.

HOW SHOULD PRE-SCREENING AND ORIENTATION BE HANDLED?

The pre-screening/orienting process identifies those young people who are eligible for case management, and informs them of how case management works.

Pre-screening may be handled in personal appointments or group sessions. Regardless of format, potential participants should be treated with dignity, enthusiasm, and caring. In group situations, participants should feel that ample attention is being paid to their individual needs.

Whether in personal appointments or groups, participants should be greeted personally and made to feel at ease. Only after everyone has settled in can the case manager move on to business.
Most young people will want to know "why I'm here." Those who are cynical may enter the process with "What's this line they're gonna give me?" Regardless, the case manager will need to:

- explain the purpose of the session;
- ask each young person what she or he arrived expecting;
- address those up-front issues;
- clarify what case management and the services behind it are about;
- explain what case management can and cannot do;
- make it clear what participants' responsibilities will be;
- explain that this session will serve as a pre-screening appointment in which it will be determined whether those in attendance are eligible for case management services;
- explain what will happen with young people who are ineligible;
- provide ample opportunity for questions.

If participation in case management is voluntary, the pre-screening session may be a place for "sales" to get attendees interested in case management; however, any such sales-pitch should be tempered with truth and reality. A key to an effective pre-screening appointment is telling young people the <u>hard</u> truth about case management, its supporting programs, and their roles in it. If there is a way to "sell" the hard truth, it is through challenging attendees to meet their personal potential head-on. They need to hear -- straight, tough, and caring -- what they're getting themselves into if they choose case management.

While case managers might stress the flowery goals of "enhanced self-sufficiency and self-determination," they must also make it clear that to achieve these goals participants will be treated as active partners rather than as passive recipients. Young people need to know up-front that case managers will work with them, not on them. They need to hear that case managers will help to identify and deliver appropriate services, but it is they who will have to do the hard, time-consuming work of attending classes and appointments, and fulfilling other program obligations. It is through this process of tough, clear orientation that a case manager will identify appropriate case management participants, and screen out those who aren't ready for such responsibility.

Although there are no proven rules governing what makes a responsible case management participant, three factors stand out. The young person: a.) is willing to commit to long-term services, b.) wants to take increasing control over his or her life, and c.) acknowledges that doing so requires hard work.

WHAT SHOULD HAPPEN DURING INTAKE?

Like pre-screening, intake works best when it is a positive, caring experience handled by the case manager rather than by a clerical functionary. Too often, the JTPA intake process is a bureaucratic, mechanical "fill out the forms" situation handled by a paraprofessional "intake worker." When case management is incorporated into the JTPA system, intake should be handled by the case manager. It should become an opportunity for establishing the tone and quality of an on-going relationship between the participant and the case manager.

Unlike the "tell us your name/address/phone" approach that all too often comprises traditional intake interviews, case management intake may best be a "getting to know each other" process. It may take more than one appointment, each of which should start with a greeting and some small-talk. Intake should allow the participant time to relax and become comfortable before business starts. It may take awhile for a satisfactory level of comfort to be established. The value of this step should not be underestimated. The young person will not begin to talk "for real" until rapport is established.

As a part of the relationship-building process, the case manager may explain that intake will be used to get to know the young person, get a feel for what s/he has done and wants to do, identify what s/he is good at, and determine what seems to get in the way of fulfillment of his/her goals.

Several case managers interviewed for this monograph suggested that, after the participant and case manager become comfortable with each other, the case manager might ask the young person about

his/her personal dreams -- What does the participant want from life? The answers to this question, or lack of them, reveal much about the young person. Is s/he defeated? If so, what will it take to re-energize him/her? Does s/he have something to strive for, but doesn't know how to reach? If s/he has a dream that is totally unrealistic, what should be done?

It may be that the traditional process of retrieving crucial data about the young person should wait for a subsequent appointment. This decision rests with the case manager. Regardless of when it happens, the case manager should put requests for personal information into context -- explaining why each piece of information is important, showing how it might be used, and perhaps even giving examples of how similar data from other participants has been used in the past. The case manager should also explain the confidentiality policies under which s/he operates. As always, the case manager should determine what the participant thought intake would be about, should identify the participant's goals, and should work out with the participant how both might be addressed in subsequent appointments.

The case manager should not use intake appointments purely as a vehicle to collect stray, one-or-two-word facts for entry onto a form. Rather, the case manager should use intake as an opportunity for the young person to talk in detail about important issues. Ultimately, intake offers the chance for the case manager to really hear who the young person is, to listen for unspoken statements, to be aware of feelings, and to observe body language. By the end of intake, the case manager should have learned much more than a set of facts.

ASSESSMENT:

Good case management is based upon a comprehensive assessment. The case manager determines what a young person's situation is, what his or her strengths are, what his or her deficits are, what he or she is all about. Assessment is not a one-shot, up-front component. Rather, it is an ongoing extension of the intake process that continually contributes to, and alters, the young person's service strategy.

Case managers collect new and existing data that will inform the young person's case plan (service plan). They also work with the young person and other key individuals to process that information. It is only though accurate assessment that terms of the alliance between case manager and client can be mapped out and, at times, revised.

During "assessment," the case manager observes the young person, records information, and identifies other sources of information. Equally important, s/he continues the process of understanding who the young person is, what strengths there are to work with, and what vulnerabilities must be compensated for.

The case manager should explain the purposes of the assessment process, and the particular appointment's or group-sessions's place in it. S/he may wish to warn the participant that assessment may involve a lot of questions, some of which may feel uncomfortable. The case manager may also wish to explain that answers to these questions will contribute to the development of a solid case plan that is in the best interests of the young person. In addition, the case manager should introduce each area of questioning with an explanation of why the information is being sought, how it may prove useful, and a common rule that no question "must" be answered.

When the case manager feels that the timing is right to dig into the participant's background, a more formal assessment strategy can begin. We must reiterate, however, that while certainly there are advantages to gathering lots of data up-front, the assessment process ought to be ongoing. In its early stages, the client may say what the case manager wants to hear rather than convey the real truth. To overcome that tendency, the case-manager will need to work hard over time to develop a trust relationship with the young person. The personal contacts in which the case-manager hears, sees, and senses the participant's situation will ultimately prove to be among the most effective assessment tools.

• Gathering Data From Other Agencies:

Although young people will be the first sources of information about themselves, they may already have had other assessments in their lives that will prove valuable secondary sources. Each

institution with which a young person has come in contact has, at some time, conducted its own assessment which was then filtered through that institution's role and through the professional training of its staff. In file cabinets around town there may be a health assessment performed by a physician, a mental health assessment performed by a psychologist, a study conducted by a court worker in the juvenile justice system, or an Individual Education Plan (IEP) at a school.

These institutions have screened information in or out, based on its relevancy to their particular specializations. Beyond commonly requested items such as name, address, and age; the file at the physician's office will contain very little information in common with the juvenile court file. These health, education, employment, court and other systems will not disband with the advent of case management. They will continue their particular brands of assessment despite the coming of case management.

It is this fragmented approach to serving young people that goes to the very heart of what case management is all about. Someone in the young person's life needs to look at the <u>whole</u> person. How then does a case manager conduct an assessment that does not simply add another layer of information? What good is one more report in one more file?

A case manager can serve as a powerful force on behalf of young people by performing the following roles:

- Being a catalyst that brings together the various assessments being conducted. This may involve calling meetings of the institutions involved with a youth/family, or may involve reviewing written assessments, or both.

- Performing an analytical function (i.e. noting and pointing out that assessments are contradictory as to the youth's intellectual functioning, or complementary as to his mother's attitude (everyone sees her as supportive)).

- Synthesizing information coming from various assessments, and from the case manager's own assessment, into a single, comprehensive picture of the youth, family and circumstance.

- Noting the absence of what might be critical data ("We know that she is not motivated, falls asleep in class, etc.; but she has not had a physical exam in three years and so we cannot rule out a health problem.").

- Since over time a case manager will likely come to know a youth better than most service providers (who are involved for shorter periods of time and for narrower reasons), the case manager can help other assessors by providing or confirming factual information, suggesting an approach, etc.

- In some situations, a case manager may increase the efficiency of an assessment by substituting an existing assessment for a new one (Why ask a juvenile court worker to do a background report when one already exists?).

- Since the case manager is an advocate for the youth, s/he may be able to influence the system's assessment processes by encouraging the participation of the client and his/her significant-others in the assessment process, or by presenting issues as the client might see them.

For a case manager to play these roles, an environment must be created that encourages collaboration and coordination among service institutions. Technical and attitudinal barriers that inhibit this style of operation must be overcome. These issues are discussed further in the second half of this Guide.

• Testing:

Testing is another aspect of assessment in which case managers play an important role.

The first duty of the case manager is to serve as a sort of "gatekeeper" -- defining whether testing is needed, and in what areas. Much of this process occurs during intake and early in the assessment. The testing decision is based upon the case manager's observation of and discussions with the client, and reviews of the client's strengths and weaknesses.

Should testing be called for, case managers usually contact a person or center specializing in testing, to obtain existing test data or to arrange for the participant to be tested. It is rare for case managers to administer tests themselves.

When a case manager arranges for test administration, s/he has a role in preparing participants for testing, and in using test results as one contributor to case plans. Because many at-risk youth have experienced difficulty in school and find tests distasteful, case managers should explain how results will be used (as a placement device rather than a screening device), and should discuss each young person's feelings about being tested. Likewise, case managers need to work with test administrators to interpret tests, and then must translate test results into forms that participants can understand and use.

Finally, testing must fit into an overall conceptual framework, one whose integrity depends upon the insight of the case manager. As is true with all assessment activities, it is that human factor that emerges as the critical variable. Without the judgement and focus of the case manager, testing may produce little more than a hodge-podge of data.

• Content of a comprehensive assessment:

Whether from direct input from the participant, from existing institutional records, or from testing, a comprehensive assessment might shed light on questions such as:

• Goals:

- What are the young person's dreams?
- What does the young person want to do with his or her life?
- What "little things" and "big things" does s/he want?

• General and/or Survival Skills:

- What has the young person been doing, so far, to "get by" in the world?
- What is s/he proud of?
- What is s/he good at?
- How do these skills relate to skill needs of traditional society?

• Crisis Intervention Needs:

- Are there any major problems that must be overcome before other work becomes possible?

• Basic Needs:

- Cans the young person obtain and prepare nutritious food?
- Does the young person dress in seasonally appropriate clothing for appointments; and can s/he do so for work, school, and recreation?
- Does the young person reside in affordable, "livable" shelter -- be it living independently, with family, in a group or roommate situation, or in a residential placement?

• Day-To-Day Living Needs:

- Does the young person demonstrate basic personal hygiene?
- Can the young person care for, clean, and organize clothing, living space, cooking/eating utensils, etc.?
- Does the young person get up on time and meet schedules?
- Can the young person manage his or her money?

• Medical/Dental/Psychological Needs:

- Does the young person use medical, vision, hearing, dental, and/or mental health check-ups and treatment?
- Does the young person understand the effects and treatment of any existing medical condition?

- Does the young person use prescriptions?
- Does the young person understand and use appropriate birth control techniques?
- Does the young person abuse alcohol or drugs?
- Is the young person aware of the dangers of AIDS and how it is transmitted?

• Social Skills:

- How well does the youth express him/herself?
- What affect and emotional tone does s/he convey?
- How psychologically well-organized does s/he appear to be?
- In what terms, and with what clarity, does s/he describe personal strengths? current problems? possible solutions? Future ambitions?

• Existing Support Network:

- Who does the youth admire and/or turn to for help?
- Who are available role models?
- What is the young person's family system -- siblings, extended family?
  What type of relationships exist in the family?

• Educational Needs:

- What has been the young person's educational history?
- How is his/her attendance?
- Where is she or he strong?
- In what subjects is help needed?
- How long would such an intervention take, what will it require, and where will it lead?
- How does s/he learn?
- What problems, if any, have cropped up? When?
- Do patterns emerge in the relationship of the participant to teachers and school authorities?

• Employment Needs:

- Is the young person "employable?"
- What employment experiences has the young person had?
- What did she or he enjoy or excel at?
- What issues recur?
- Can he or she advance beyond unskilled, entry level jobs?
- Are the participant's expectations realistic?
- Is the young person pursuing his/her potential?
- What vocational and career interests are expressed?
- Are these realistic? What additional skills are needed?

• Transportation Needs:

- Can the young person travel to and from places where he or she needs to go, be it by personal transportation, taxi, bus, or public transportation?

• Child Care Needs (for pregnant/parenting clients):

- Does the young person have access to reliable child care?
- Has the young person arranged a primary child care strategy?
- Has the young person arranged a back-up child care option?
- Does the young person use prenatal care and early childhood medical care?
- Has the young person been oriented to generally accepted parenting skills?

• Legal Needs:

- Does an adjudicated youth have access to, and use, a lawyer to handle any outstanding issues with the juvenile, criminal, or civil justice system?
- Has an adjudicated youth maintained regular contact with probation, parole, or other court officers as part of his or her sentencing?
- Has an adjudicated youth been working toward any sentencing requirements resulting from court involvement?

• Prior Service History:

- Which institutions has the young person been to before?
- Are there opportunities for picking up where a previous human service worker left off, or must the case manager start fresh?

When combined with the participant's age and developmental stage, these issues represent a major part of a comprehensive assessment; however, they should not be considered the be-all, end-all. There are many other pieces of data, some of them non-traditional, that a case manager will pick up: Who has a crush on whom and other relationship issues; leisure time preferences; sense of humor; etc.

• Sharing assessment data with the client:

Regardless of how "solid" the case manager feels assessment data is, s/he should not move on until s/he has reviewed and interpreted that data with the young person. In other words, the case manager should not assume that assessment data makes it clear who the young person is. The young person should first concur, after hearing what assessment indicates, that it presents a truly representative and accurate picture.

SETTING REALISTIC GOALS:

The next step in the case management process involves helping each youth to identify and strive for achievement of his/her personal goals. This process involves setting a clear direction that both client and case manager "own," and building the young person's sense of responsibility for his/her actions.

Armed with accurate assessment data, the case manager has a reasonable sense of the youth's strengths (strengths must not be ignored amidst service provider's tendency to focus only upon needs), limitations, and a sense of where he or she wants to go.

Moving from assessment to goal-development is not a time-driven component. It does not necessarily take a standard two-hour appointment to develop goals. And all aspects of goal-setting may not be within the case manager's role or expertise. In other words, goal-identification may take time, is ongoing, and varies according to the young person being served. For example:

> Julia wants to be a carpenter, and can achieve that goal with minimal intervention. She has found that she enjoys and succeeds in the woodworking vocational program at her high school. But she has a reading and math level two years below what she really needs to pursue the field professionally. The case manager may be able to help her set a basic skills remediation goal that will brings her "up to par" in a relatively short time. Then, perhaps, Julia may set a subsequent goal of completing a special apprenticeship-preparation program for women entering the skilled trades.
>
> Roberta "knows exactly what she wants to do," but is unrealistic. She is a 17-year-old who reads at a fourth grade level and is attached to the idea of being a lawyer. Before goals can be set, the case manager needs to arrange for her to learn about the realities of being a lawyer. Roberta must decide whether she wants to drop the idea entirely, look at other jobs in the legal field, or take on an extraordinary educational process to bring her skills up to par. She needs to examine whether any of these strategies are realistic. Before the case manager can do a good job with Roberta, it will be necessary to link her with someone (a vocational counselor, for example) who can help her examine these issues and options. Only after that process is completed can the case manager continue to develop a realistic set of goals.
>
> Hector has no idea what he wants to do. He feels defeated and has given up on himself. He feels that he has no future, so "why should he bother with goals?" The goal-development process for Hector may take five appointments, perhaps ten. It may involve multiple interventions from the case manager and from other professionals who are more specialized.

Regardless of situation, the case manager merges each youth's wants with realities, and does what it takes to help each youth develop realistic goals that reflect many of the questions first broached during the assessment process:

- "Where" is the young person now in his/her life? What are his/her strengths and how can they be capitalized upon or further developed? What does s/he like and dislike in his/her life?
- What does the young person want to be or do? Is his/her view of what s/he wants realistic? If not, what might be satisfactory alternatives?
- What realistic short-term goals can be developed? Can many of them be designed to be achievable in short periods of time so that the client realizes regular "wins?" What realistic long-term goals can be developed?
- What does the youth need to have to reach these goals? What services or resources are needed to achieve these goals? How long will it take to satisfactorily complete each service?
- What is the young person willing to do to achieve his/her goals? Are the youth's goals and perceptions of him/herself realistic, and how will this affect the case plan?
- How will progress toward those goals be measured?
- What rewards, incentives, or celebrations can be incorporated into his/her service plan to acknowledge achievement of goals?

• <u>Moving from goals to services:</u>

Working from goals, the case manager assists the participant to define the areas in which help is needed. For an intervention to be effective, the participant must agree that a need exists, and must recognize that s/he requires help in meeting that need. Without acknowledgement of need, the participant will not be motivated to act.

If a young person has approached a case manager with a problem, the process of identifying need may prove fairly simple because the participant has already acknowledged that s/he requires help. In such cases, the case manager's role may be limited to clarifying and defining the need in clearer terms and discussing available options that address that need.

However, when the impetus for a service arises with the case manager rather than with the participant, the case manager needs to demonstrate that a need truly exists, and the participant must concur. The list of goals and needs is complete and accurate only when both the participant and case manager agree.

o Explaining that other institutions may need to be involved:

It is probable that achievement of one or more of a young person's goals will eventually require services provided by other institutions. The commensurate "transfer" of a young person to somebody else may carry with it elements of rejection and anger. The young person may get upset. After "baring his/her soul" due to the personal contact and rapport inherent in his/her relationship with the case manager, s/he may not want to "lose" that support. In other cases, the client may interpret a referral as being a loss of status, power, or relationship. In still others, the young person may feel insecure about establishing new relationships.

To minimize the trauma associated with a process that will eventually involve referrals, the case manager should give advance notice to the young person that it may become necessary for someone else to assist with aspects of the participant's goals. Equally important, the case manager should make it clear that regardless of where or to whom the young person may eventually be referred, the case manager will be available, will stick by him/her. Hence, a referral will not really be a "transfer" that removes the case manager from the picture. Rather, it will involve bringing in an additional person or group of people.

DEVELOPING A CASE PLAN:

A comprehensive assessment and a thorough goal-setting process set the stage for development of a "case plan." The purpose of the case plan is to bring about change.

A well-formulated case plan is:

- a written, strategically-sequenced series of actions;
- on the part of, and mutually developed by, the client, case manager, and other individuals;
- that, through coordinated actions of all,
- capitalizes on the young person's strengths and overcomes his/her deficits
- on the way to meeting his/her goals.

• What is the content of a case plan?

The case manager works with the young person to plan, to set goals and objectives, and to undertake a systematic process of meeting them. How goals will be translated into changes, through what means, and over what period of time, are tough issues that must be addressed and pinned down in the plan. As much as possible, the specifics - the when, where, and who - must be understood to the nth degree. A case plan might include items such as:

- clear long-term goals;
- clear, measurable, short-term objectives;
- services needed to achieve objectives;
- other resources needed to achieve objectives;
- organizations and/or individuals who will provide those services or resources;
- tasks and responsibilities of the case-manager;
- tasks and responsibilities of the young person;
- tasks of parents and family members;
- tasks of others;
- skills the participant must learn if s/he is to take control of his/her plan while reducing dependence upon the case manager;
- a time frame for implementing tasks, learning skills, and achieving objectives;

- starting dates of services;
- fees, if any;
- a schedule for subsequent contacts between case manager, client, parents, and others;
- a schedule upon which the plan will be reviewed;
- a projected date upon which case-management will be terminated;
- an agreement about what happens if one of the parties breaks their end of the contract;
- signatures of the case manager, the client, and other individuals who are part of the plan.

• The case plan involves other players:

Traditionally, human service institutions develop "service plans" that focus on what their particular organizations will do to or for the young person (In JTPA, for example, it's the "EDP," and it typically lays out a series of employment and alternative education interventions). In these institution-driven systems, it is rare to actively involve other institutions or parents in development or implementation of the plan. Typical plans also tend to be slanted toward "serving" the participant rather than giving him/her increasing responsibility for, and power over, his/her plan.

As the "content list" on the previous page should demonstrate, a "case plan" ought to be different. It should be far more than a description of what one institution ought to do. Rather, it needs to acknowledge that the typical at-risk participant has not one service need, but many. It must assume that more than one institution or discipline will be involved. It ought to recognize that parents, family, and significant others play a key role in a young person's ability to move forward with his/her life. It ought to empower the young person to take control over his/her life.

A case plan synthesizes the young person's strengths, goals, problems, and other assessment findings. It sets out an inter-institutional and inter-personal strategy of sequenced activities which can enhance a young person's strengths, produce improvement in critical areas of difficulty, and move the young person toward self-sufficiency.

Because case planning reflects more than just the efforts of the case manager and the client, it may involve more than starting at the present and looking toward the client's future. There may be some issues of the past attached.

A young person may already be on someone else's caseload, and already have a service plan. A case manager can perform a vital service by working with the client and with professionals at other involved institutions to pull together existing service plans into a single, comprehensive plan.

The case manager is in a unique position to do this. His/her multiple-institutional focus brings with it critical elements that each institution can use to improve its own intervention, but wouldn't otherwise know about (i.e., Bill will be attending an after-school recreation program, so if you plan to schedule him for afternoon counseling sessions, you'll leave him with a conflict where recreation will probably win out. Before you act, we should talk.).

Inherent in this process is the task of reaching agreements with institutions as per how they will transfer authority over a young person's case to, or at least coordinate operations with, the case manager. This process takes time, especially if the young person's case plan is complex. It may involve a number of meetings, planning sessions, and phone conferences. If well negotiated, the case manager can coordinate development of a "master plan" that is accepted by everyone involved.

o A well-formulated case plan starts from "the ideal:"

At least initially during the case planning process, a case manager should define a plan that is ideal. That is, the plan should not be built only out of known and accessible resources, but rather should be built out of the particular needs of the youth. This process of individualizing and idealizing serves two purposes:

- It avoids the "one size fits all" process of service planning that so often characterizes categorical service delivery systems (i.e., "No matter what the problem is, we give one 50-minute counseling session each week."). Case managers ought not be bound by thinking solely about how to get what exists to young people. They ought be encouraged to think as well about what ought to exist.

- It creates, if captured, a data base that can "red flag" community needs and gaps in services. Community leaders ought to know not just what services young people are actually receiving, but also what they are failing to receive.

The cautionary note tied to this ideal approach is that, although the case manager may help develop an ideal plan, he or she should either represent such a plan to the client as "ideal," or should only describe those services to the client that are, in fact, real. The client should not be led to believe that the "ideal" exists or be given promises that cannot be delivered upon.

• Sequencing services:

Young people who have been deemed "at-risk" often face so many complex, intertwined issues that one of the most difficult tasks in developing a service strategy is knowing where to start.

Amidst the admirable zeal to help young people get everything they need, the case manager must remember that s/he is dealing with adolescents rather than super-beings. Although three scarce, much-needed services may miraculously have slots open up at the same time, the case manager must resist the urge to link the young person with all three services at the same time.

A case plan that attempts to simultaneously address a group of complex issues will probably fail. A well-conceived case plan sets priorities and sequences service needs.

> If a case plan dictates that two or three issues get handled at the same time, it must have considered the amount of time required to address those issues, and the pressure that might be put on the young person.
>
> In most situations, the case plan should acknowledge that one or two issues may be handled immediately, but others must be "put on hold."

In either situation, case managers have to remember that their job is to help each youth fulfill his/her goals in a realistic, manageable way. And it is important that each young person realize that not all issues must, or even should be, tackled at once.

> Typically, a case manager and client first consider fulfillment of primary needs such as food, clothing, shelter, and health. At times these needs will be handled with temporary solutions until a long-term solution can be implemented (such as helping a homeless youth gain access to a temporary shelter for a month while s/he starts a job and can generate enough income to pay for more permanent housing).
>
> Following primary needs are prerequisite needs. These are issues which get resolved before other needs are met (such as confirming child-care arrangements prior to enrolling a young parent in an education program).

As part of the planning process, the case manager and young person should agree upon which needs will be tackled up front, which later, and when. There should also be an acknowledgement that some "try-out" may be necessary. The young person may think, up-front, that s/he can handle a particular service load. But after a few weeks, s/he may find that load to be unbearable. The case plan should be flexible enough to allow for appropriate changes in such situations -- and they are not uncommon.

• **Giving the youth regular "wins":**

Because many disadvantaged young people experience life as a series of random events, it is especially important that the plan be predictable. Each sequenced step should incorporate related smaller steps that have regular, anticipated "wins" attached so that the young person sees that his/her actions lead to tangible results.

It's tough for adolescents to pursue long-term goals that have no periodic "completions" attached. The client should be able to see where s/he is going, attain a regular sense of achievement, and get the chance to celebrate those achievements. These celebrations do not have to be elaborate. They just need to acknowledge -- clearly, and among those individuals whose "strokes" are important to the client -- that s/he has done something special.

• **Communicating clear expectations:**

A solid case plan is specific in its expectations. It educates the young person to the reality of his/her situation, and calls upon him/her to be accountable for his/her actions over the long-term -- something s/he may rarely have been called upon to do in the past.

Simultaneously, the plan-development process involves informing the young person about the nature of individual and system change. Both are cumulative, developmental processes rather than single events. Short-term objectives are building blocks for the attainment of long-term goals. It is important that when negotiating a case plan, the case manager tell the young person the truth about available resources. The case manager should not promise what s/he cannot deliver. S/he should emphasize that -- like the young person -- s/he operates within an environment constrained by resource scarcity and bureaucratic rigidity, and that no magic wand can be waved to produce instant transformation. Real change and results can only be brought about through people coming together, pooling their energies, and collaborating around a common plan of action.

• **Letting the young person choose:**

The case manager will receive the most cooperation from the young person if the case plan translates the young person's goals, problems, or needs into a selection of resources, programs, activities, or service options from which the young person can choose.

For the young person to make an informed decision about services and resources s/he needs, the case manager should discuss each option in detail before entering a decision into the plan. This discussion might include factors such as:

- the types of resources or services available;
- how they relate to the young person's goals;
- what makes each option unique -- pros and cons;
- the cost of each option, if any;
- the location of each option;
- transportation to each option;
- the schedule of each option;
- appropriateness of each option to the participant;
- the age-group(s) served;
- available slots/enrollment availability;
- possible delays in entry to each option;
- the time involved in completing each option;
- the reputation of each option;
- eligibility requirements;
- whether the provider speaks the participant's primary language.

After reviewing available options with the participant, the case manager must let the participant decide whether s/he wishes to pursue any of the options that have been presented; and if so, which one(s). The participant is far more likely to carry out his/her end of the plan to completion if s/he feels that it was his/her own decision. Lack of this personal sense of control reinforces the unhealthy attitude so common among at-risk youth that their lives are controlled by outside events and influences.

o Writing a contract:

To enhance accountability, the case manager and young person must eventually negotiate a formal, written agreement -- a "contract" -- that governs what each promises the other. Inherent in the contract should be agreement about what happens if the plan falls apart or if the contract is broken. Tasks must be written down, and time-lines established. Ambiguity must be replaced by meticulous delineation of mutual roles. Room for misunderstanding and recrimination must be reduced.

This very specificity may make the case plan threatening. It almost begs the young person to agree to, and to say, what the case manager wants to hear. The young person may say things that imply buy-in, but may not view the agreement with the seriousness that the case manager would like. Or because the participant feels loyalty to the case manager, s/he may say things s/he doesn't really mean because s/he doesn't want to let the case manager down.

The case manager, therefore, needs to proceed cautiously -- making sure that the young person is speaking truthfully, and that s/he feels ownership for every aspect of the plan. The participant should feel that it is his/her plan, and that s/he is empowered to carry it out. The case manager must also be careful not to cut corners to get the young person to buy into a plan. The participant's sense of what is good for him or her must be married to the case manager's view of what is feasible and appropriate.

LINKING: IMPLEMENTING THE CASE PLAN:

No matter how well-conceived and elegant a support strategy looks on paper, translating it into practice determines its ultimate effectiveness. One of the primary steps in the implementation of the case plan may be called "linking."

Linking implies building connections: between the young person and institutions, and among the institutions themselves. At its best, linking is more than just "referral" and even more than getting a youth the services that happen to be around. Done well, linking involves helping the youth access the services that s/he needs, and making sure that s/he completes those services.

Though the linking process cannot be reduced to a prescribed series of steps, there are broad categories of activities:

• Being a communicator:

The case manager needs to be a central communication point that can be counted upon -- informing the various actors of their parts in the case plan, giving them appropriate background information, and keeping them aware of changes in portions of the case plan.

> For example, some institutions may care little about all the results of an assessment. They may only want to hear about information pertinent to "their segment." They may have little motivation to buy-in to a comprehensive plan, except on an as-needed basis. An institution providing day care for the child of a participant does not require detailed knowledge of the participant's academic progress.
>
> On the other hand, some institutions may want to know and ought to know "everything." A case plan calling for a

community agency to provide drug treatment may require a full discussion of background, an understanding of all of the facets of the case plan, and a detailed "who is going to do what" discussion.

These examples are pointed out because we do not want to seem to be encouraging inter-institutional communication or collaboration for their own sakes. Case management systems should be inclusive and collaborative, but within reason. Meetings, case conferences, and information sharing are often vitally important, but there is a virtue in simplicity as well. We do not want institutions to see a case-managed youth as one whose situation is automatically bogged down in endless meetings and processes. Reaching this balance between simplicity and inclusiveness will take time, but will be greatly aided by honest discussion between institutions.

• Identifying missing services:

The case manager is in a unique position to identify gaps in a young person's case plan and in the community's service system.

On the client-end, the case manager's cross-institutional approach gives him/her the regular opportunity to be the one professional who has a comprehensive picture of what all organizations are doing with a young person. The case manager may see glaring omissions in a client's service plan (i.e., "We are addressing three of Cheryl's needs, but this fourth key piece seems to be missing. Without it, the other three interventions may fail.").

On the institutional level, the case manager's ability to work across institutional boundaries also offers the opportunity for him/her to observe system-wide patterns in service voids that need the attention of community leaders (i.e., "Mary's little boy needs child-care. So does Julia's. And so does Angie's daughter. But, as always, there are no slots in infant/toddler-care programs open to any of them. This is the ninth time this has occurred in the last two months, and there's not much sense in putting them into education programs until their kids have appropriate child-care."). Armed with such information, the case manager can be a stimulus for institutional change, and/or for the redirection of funds to fill service gaps.

• Convening the players:

The case manager serves as a bridge between government-supported programs, the school system, the courts, and other community service agencies. This bridge rarely exists in most communities. The case manager convenes key actors, including the young person and his/her parents, to create a consensus around the plan. Commonly this process occurs in "case conferences" -- meetings of all key individuals involved with a young person's case.

• Connecting youth with services:

Linking involves "referring;" however, when a referral is made without linking, the participant often never even shows up for his/her appointment. If s/he does make the connection with the outside institution, s/he is left unsupported in the hands of an organization that may or may not provide the service that was desired. In contrast, referrals tied to linking incorporate a well-forged connection between young person and institution that will be strong enough to be effective.

Likewise, linking involves "brokering," but is not limited to brokering -- or at least it has different connotations. Brokering alone implies a wheeling and dealing process through which the case manager makes special, one-time deals on behalf of each young person, and/or "works the system" on behalf of that young person. Case managers will definitely need to broker on behalf of young people. But we strongly encourage a system wherein the "deals" are not made on an ad hoc, youth-by-youth basis. Case managers may have to be trail-blazers, but they ought not have to blaze the same trails over and over again. Every time that a case manager has to broker, has to work the system, has to call-in a favor for a youth, management should translate that task into the need for an institution-to-institution discussion.

In the best of situations, case managers do case plans hand-in-hand with representatives of the institutions that will carry out those plans. In such an ideal model, the function of linking is a fairly simple one. Because service providers have been intimately involved in assessment and case planning, they would quite naturally support the results of assessment and the case planning. In this ideal scenario, the move to linking - the carrying out of that plan - would be a smooth and natural transition.

However, the real world is far from ideal. More often than not, assessment and case planning may not involve the designated service institutions. In the real world, the case manager must work hard to bring in those institutions and must struggle to help the youth access needed services.

The linking process is usually complex, and may take many forms. If, as this Guide suggests, formal inter-agency agreements have been developed, linkage may be largely a paper process. When effective inter-institutional agreements have been made, a case manager can more easily make effective linkages. The sequence of steps which follow represent an ideal process for insuring that a young person gains timely access to the services he or she needs at other agencies (Of course, some case managers will be constrained by large caseloads and will lack the time to follow this strategy in its entirety. However, they should use as many of these steps as possible, since each will increase the effectiveness of the linkage.):

• Making linkages:

The case manager should use every opportunity to give the youth a chance to demonstrate initiative and develop competence, while correlating demands to the skills and readiness of the individual. And like a parent helping an adolescent achieve maturity, the case manager's relationship with the participant must be a dynamic and shifting one, sometimes requiring hand-holding, sometimes caring yet stern lectures ("tough love"), sometimes nagging, sometimes a gentle push to take risks and "go it alone". The choice of high-support versus low-support referrals must be made on a client by client basis.

A common mistake early in the referral processes occurs when the service provider assumes that the automatic way to obtain a service for a young person is to provide the name of an institution, a contact person, and a phone number; and then to leave it to the young person to make contact with that person or institution without further support. Usually this strategy is used with the admirable goal of making the participant "stand on his own two feet" or "become more self-sufficient." This is fine with some young people, and disastrous with others. During the initial stages of a case management relationship, this strategy rarely works.

Before "making a referral," the case manager should determine how much the participant can do for him/herself. For example:

- In a high-support situation, a case manager may make all arrangements him/herself, accompany a client to whatever appointments are necessary for the referral to "stick," and do a lot of hand-holding to get the client comfortably settled in the service to which s/he has been "referred."

- In another high-support case, the case manager may make a phone call, introduce the participant's situation to a known contact person at another organization, and then put the participant on the phone to schedule the appointment.

- In another case with lessening support ("middle support?"), the case manager may prepare the participant to handle an entire call, and then have the participant place the call while in the case manager's presence.

- In a lower support situation, the case manager may say, "Here's the name and phone number of the person we talked about. Call her tomorrow. Good Luck!"

- In a low-support situation, the case manager may say, "Here's the phone book. Do like we talked about Monday!"

We recommend that low support referrals be phased in over time as the case manager teaches the participant how to do case management for him/herself...how to obtain needed services with gradual reductions of adult assistance.

o Preparing the young person for the linkage:

Clients who need high support or "middle support" benefit from pre-referral preparation. Prior to linking such a young person with a service option s/he has chosen, case managers can take a step that helps to minimize referral related trauma by "keeping things personal." Whenever possible, case managers should be personally conversant with the persons to whom they make referrals, not only to insure that the participant is given a personal referral, but also because personal contacts cut through red-tape and facilitate service-delivery.

Ideally, in such a situation, a case manager can say, "I've got a friend who I want to introduce you to who can work with us to get you what you want." Non-ideal, but effective, the case manager can call upon his/her knowledge of an institution and say, "I'm going to set you up with an appointment at Agency X. I've used them before, and I really recommend them. They've done a good job handling issues similar to yours with several other young people I work with."

The case manager can also describe what will probably happen when the young person first visits the institution providing that service. This step reduces fear of the unknown, provides the opportunity for the youth to ventilate feelings of anxiety or frustration, and allows time to identify and consider difficult pre-linkage issues in a rational manner.

It may be helpful for the case manager to review:

- questions that might be asked during the first contact appointment which the participant should be prepared to answer;
- forms of identification, and other written material that the participant might be advised to take to the appointment (and, if necessary, where to get these);
- outcomes that might be expected from the appointment.

When the participant and institutional contact have agreed upon an appointment date and time, the case manager should make sure that the participant writes it down, and should enter it into the case plan contract. If this step is left to the participant's memory, the appointment may be forgotten.

Similarly, the case manager and participant might discuss how the participant will get to the appointment on time. If the building at which the participant will be arriving is a large one, the case manager might discuss where in that building the contact person is located. If the case manager senses that the participant's navigation skills are inadequate, the case manager might arrange for somebody to accompany the participant to the appointment.

The case manager should request that the participant call him/her immediately after the appointment to let him/her know how it went.

Finally, whether high, middle, or low support, the case manager might elicit the participant's feelings about the whole process. Very often, a participant will respond vaguely to open questions such as "How do you feel about being referred?" It may be helpful for the case manager to break that question down into sub-questions such as:

- What do you like about what we're doing?
- What don't you like about what we're doing?
- What fears do you have about arranging and/or going to your appointment?

• Pre-appointment reminders:

In high-support situations, it may be appropriate for the case manager to contact the participant on the day before the appointment to remind him/her about that appointment. This step also serves as an opportunity to address any last minute misgivings or questions which may have cropped up since the appointment was originally discussed. It is also advisable to remind the participant that s/he should phone the case manager immediately after the appointment.

• Follow-up after the appointment:

If the participant fails to call the case manager after an appointment, the case manager should call the participant. The case manager should also call the institutional contact person. By calling both, the case manager can:

- confirm that the participant actually showed up at the appointment;
- identify what transpired at the appointment as seen through the eyes of both parties (perceptions often differ);
- determine what the participant's next steps are, whether the case manager's support is needed in the implementation

of those steps, and whether a revision of the participant's case plan is called for;

- take corrective measures (such as rescheduling) if the participant did not attend the appointment as planned.

HOW SHOULD THE CASE MANAGER MONITOR SERVICES?

Once a young person has been successfully placed into a program or service, the case-manager monitors that placement to:

- assure that needed services are being provided;
- verify that the case plan is being properly carried out, and to what effect;
- assist with problems that crop up;
- maintain the participant/case-manager relationship.

On the surface, monitoring appears to be fairly simple, and sometimes it is: a yes or no question about the delivery of a non-complex service (i.e., "Is the child in day care?").

Yet, even in the simplest of examples, the question of "to what effect" can be more complex ("Yes, the child is in day care, but what effect is that having on mother's school attendance and school performance? We thought that day care would begin to solve the problem, but has it?").

Effective monitoring, therefore, can be seen as having several levels of inquiry. For example:

1 - the factual yes or no questions - Is the service being received? (followed by the sometimes less easy question of why not?)

2 - Is the service having the desired result? (i.e. "Has the provision of day care improved school attendance? Has tutoring improved class performance?")

3 - Does the service seem to be sufficient? ("Now that we have begun to clear up the problem that we originally sought to address, what other needs have surfaced?" The tutor suspects that the child is learning-disabled. The day care center sees a need for parenting classes.)

In addition, monitoring should be addressed to both the service provider and the young person. For example, a youth may not tell the service provider how s/he feels about the service because there is no personal relationship there during the early stages of

service. However, the young person might be willing to share this information with the case-manager with whom s/he already has rapport.

If done correctly, monitoring leads inevitably to either a conclusion that the case plan is sound, or that it needs modification. The conclusions reached through monitoring bring the service delivery process back through a modification loop: Was the assessment sound or did we miss something? How does the initial case plan look now, given our experience? Were the linkages firm? Did we choose the right program?

No one should be surprised when, despite good intentions and all due care, the initial case plan fails. Indeed, it probably will. Young people, their families, even professionals need to be reminded that human service is less than an exact science...that the initial case plan involves "trying out some things."

Case managers should assume that the case plan will need to be reviewed regularly and adjustments made accordingly. It may be necessary to revise the plan a number of times. Causes for lack of fulfillment of case plans vary. Some may be due to a poor choice of placement, while others may be caused by an inadequate program. Some may stem from unanticipated problems, others from a poorly conceived plan, and others from an overly ambitious agenda.

• The role of the case manager in monitoring:

The case manager should seek to:

1 - Keep the young person, family, and agencies focused on the goals of the case plan. New problems will come up and be diverting, but the case manager must try to keep everyone focused on the agreed-upon plan (If the "new thing" is so overwhelming that it renders the plan obsolete, the case manager should call for a new plan.).

2 - Make clear that the plan will be monitored, explain how it will be monitored, and define how those involved will reach conclusions as to progress. It is important that the case manager not set him/herself up as the sole judge of how well or poorly things are going. All participants, most notably the young person, need to have a role in reaching these conclusions.

In a collaborative service delivery effort, **"case conferences"** are a common means by which progress or the lack of progress is reviewed. The case manager sets up periodic and ad hoc meetings involving the young person, the people "in charge" of that young person at each involved institution, and parents or significant others. This "case team" mutually reviews the

case plan, shares information, solves problems, and revises the plan as necessary. While it is probably impractical to establish this kind of structure for all young people, case conferences are a valuable process for the most involved situations.

3 - As with case planning, it is important to develop a system wherein the aggregate results of "monitoring" are useful in informing community leaders about service successes, failures, and gaps.

4 - In discussions with participating agencies, case managers need a process for informing agency management of problems noted in service delivery. When problems appear, management should seek first to work out the difficulties agency to agency. Only those problems which cannot be effectively dealt with in this way, following a serious attempt to work it out, should be brought to higher levels.

WHAT ABOUT THE CASE MANAGER'S ADVOCACY ROLE?

Advocacy differs from many other case management functions in that it is not made up of a set of specific activities. Rather, advocacy is an attitude, a philosophy, a way of approaching service that runs through all of the other functions.

A case manager is an advocate when s/he includes the young person, family, and significant others in the case management process. A case manager is an advocate when documenting both an ideal case plan and a more immediate one. A case manager is an advocate when informing community leaders about system needs.

Advocacy may sound easy and everyone serving young people says that they do it. But it is extremely difficult to do well, particularly when attempting simultaneously to forge good working relationships with established institutions. The key is finding an effective balance somewhere between rabidly and loudly charging that all school officials are anti-youth (or anti a particular young person), or meekly whispering that a youth may perhaps not be getting quite enough attention.

There are few solid rules on doing advocacy. To some extent it is an art as opposed to a science. However, several words to the already wise may be in order:

- Case managers need to THINK about how to advocate in a particular situation. "Is this one where I 'kick it to the administration?' Might I better speak directly to the staff person involved? Do I really understand the eligibility rules that I think are being misapplied?"

- Case managers should know, specifically, what they want to achieve. It is far more effective to take the position that a youth should receive tutoring in a specific subject than it is to complain that he is not learning. It is more effective yet to know where the tutoring can be had, at what cost, and whether the youth is eligible.

- Supervision can be extremely helpful in developing an advocacy strategy. Case managers, like all caring service providers, can get too close to a situation and will find it valuable to bounce a situation off a supervisor. In some instances the supervisor might be familiar with a similar case that was handled effectively in another setting, or may know of recent policy changes that effect the situation.

- It rarely helps to take the "good guy" role -- to posture about one's level of concern for young people versus a supposed adversary. In fact, in all but extreme situations, being an adversary usually fails. Perhaps the most effective advocacy happens when the parties one is working with do not even know that one is wearing an advocate hat.

- Information about patterns in the need for individual case advocacy must be compiled if institutional change is to occur. Waivers of policy, exceptions made in a single case, calling in a favor, may help a particular young person, but they do not create lasting change. A pattern that shows an inordinate, repeated need for advocacy to obtain a particular resource may serve as a strong stimulus for institutional change if the case manager calls attention to the pattern among community leaders.

HOW CAN THE CASE MANAGER BUILD CLIENT INDEPENDENCE?

A long-term goal of case management should be that each young person will eventually no longer need case management. The case manager can best facilitate this process by placing more and more responsibility on the participant's shoulders as time passes.

The amount of support provided to any youth should be gauged by the question, "Where is this young person now?" Some teenagers can handle a great deal of responsibility while others can't. Those who can tackle challenges should be "given the ball and told to run with it." With others, the case manager may wish to start out providing high support. Then as the case manager gets to know the participant better, it will become clear that s/he is capable of handling some aspects of the case plan that had previously been part of the case manager's role.

This "weaning" process involves verbal support, some education, some role playing, and any of a number of other techniques. It

also may require regular revision of the service plan.

Eventually, each young person should be ready to move off on his/her own. An affirmative answer to the following questions indicates that it may be time for the case management function to cease:

- Has the participant learned how to access needed services on his/her own?
- Has the participant managed to complete services defined by the original (and revised) case plan?
- Is the participant ready to handle his/her life without professional intervention?

CASE MANAGERS' SKILLS: WHAT MAKES A GOOD CASE MANAGER?

Case management is not a job for ill-prepared individuals. It should be provided by well-trained youth workers who are clear about the realities of their jobs.

WHAT ARE THE "IDEAL" QUALIFICATIONS OF A CASE MANAGER?

The "proper" qualifications for a case manager vary according to the context, and rarely conform to one particular discipline. For example, a national study examining 140 case managers in six cities found that roughly a third had less than a college degree, 55% had completed four years of college, and 15% were master's level.

Social work training was typical but not required. Case managers serving teenage girls often had nursing background. Ex-gang members sometimes did case management work with gangs. At times, parents served as case managers for developmentally disabled children. Several case management programs claimed that, given comprehensive training, former case managed clients who'd "made it" turned out to be excellent case managers.

QUALITIES OF GOOD CASE MANAGERS:

Perhaps more important than qualifications are a number of personal qualities:

• Successful case managers like young people, and young people like them:

Case managers should enjoy and feel comfortable with young people. They should rarely worry about the idea of sitting down and "talking serious" with a teenager. Many of the best case managers had formerly worked in coaching, street-work, Boys' or Girls Clubs, or other situations where they gained plenty of experience developing rapport with young people. Conversely, if a person does not feel comfortable and confident with young people, no amount of training will enable him or her to be a good case manager.

• Effective case managers exhibit disciplined empathy:

They respect, care about, and can develop partnerships with their clients. They listen to what clients say, read between the lines, and size them up. They can work with a young person to develop a service plan, and can have the youth "buy-in" to it as if it were his or her idea in the first place. They demand accountability from young people. They have a compassionate but tough-minded understanding of the youth they work with -- an ability to develop a therapeutic alliance, and to challenge and confront young people to meet their end of the bargain.

• Case managers possess partnership skills:

Diplomatic sensitivity is a key trait. Case managers negotiate with bureaucracies for services. To do so well requires adept social skills and an ability to read institutional cultures. Crossing jurisdictional lines entails a delicate balancing act -- doing business on someone else's turf. Outstationed staff must be able to assert participant interests while being creative and flexible enough to make case management complement the mission of the host.

Being indigenous to, or at least to have a working knowledge of the community can be a plus for a case manager. Being of the same racial or linguistic background as the majority of participants is also desirable. Neither is a precondition or requirement.

• Case managers recognize personal and institutional barriers:

They need to adopt a philosophy that barriers to participant self-determination are both internal and external, and constantly interact. Interventions must aim at changing both the individual and his or her environment.

• Case managers should exhibit entrepreneurial ingenuity:

Because resources are not always immediately accessible, effective case managers need to be able to fashion participant support networks from resources under others' control. They need to be able to mediate alliances among competing agencies, establish trust, and articulate mutual interests.

WHAT MIGHT BE OTHER PREREQUISITES FOR EFFECTIVE CASE MANAGEMENT?

• Case managers must know what case management is:

In the introduction of this Guide, the need to define "case management" was stressed. This definition should not be filed away. It should be clearly communicated to case managers, and to others with whom they will interrelate.

• Case managers must know what goals and objectives they are expected to fulfill:

A traditional job description which outlines duties only won't work. Case managers must grasp not only how their role affects young people, but also how it affects institutions. A solid job description will include the case manager's goals and outcome-oriented objectives -- both participant-oriented and institutional.

• Case managers must know what the extent of their authority over other institutions is:

Case managers have to be able to promise things. For example, they must be able to guarantee a young person that a particular service will be available in a timely manner. When a case manager makes such a promise, and does not deliver, his/her relationship with a young person loses integrity and credibility. The case manager must know -- in advance of participant contact -- exactly what services and resources s/he has the ability to promise, when, and how.

• Case managers must be prepared for resistance from young people:

Few case managers will be instantly accepted by a youth as a pal or knight in shining armor. The lack of excitement about case management among young people should surprise nobody. If at-risk youth share a common trait, it is that they are often disconnected from adults -- from their parents, teachers, counselors, the police -- and are distrustful of the motives and credibility of adults who say, "I've come to help."

When a young person hears about case management, cynicism may come through full-force. The case manager must be ready for a stacked-deck. It should come as no surprise when a young person says, "I don't wanna be nobody's case!"

Some young people may consider case management to be "one more human-service fad," and will expect it to result in the same failures as other approaches that preceded it. They may anticipate that it will raise their hopes, then dash them. It may sound like a more comprehensive version of institutional "business as usual"...a more ambitious variation of things they've seen before.

Other young people may feel that case management asks too much. It calls upon them to invest considerable trust, time, and effort working toward pie-in-the-sky goals. Few teenagers will jump at the chance to make the long-term commitments it requires... especially at an age when the need for immediate gratification drives them.

Still others will recognize that the case management process involves taking a hard look at themselves and their futures. They won't want to endure this discomfort to access services that they may consider of dubious merit.

To overcome these negative notions, the case manager must work hard to develop rapport with young people, and to show how case management can actually negate many of these problems. To deliver on the true potential of case management, the case manager must be prepared to move away from traditional ways of doing things, and must deliver on promises.

• Case managers must expect resistance from other professionals:

The appearance of case managers in a community's youth service system is often threatening to other professionals, especially those whose jobs seem similar. For example, when case managers are centered in schools, it is common for guidance counselors to say, "But I was doing that. Now that the case managers are here, what is my role?" The same types of questions arise in community-based organizations, welfare departments, and other institutions, particularly those that employ "counselors."

Unless those who develop the case management system take time to clearly identify the case manager's role and delineate how it differs from other professionals' roles, there will be resistance among those who feel that aspects of their jobs are being usurped.

Case managers must take the time to communicate with these other professionals, acknowledging that there may be some uncomfortable overlap at first, and offering to negotiate responsibilities so that harmony can be reached.

WHAT KINDS OF TRAINING DO CASE MANAGERS NEED?

It is rare for an organization to hire an ideal, ready-to-operate case manager. In fact, case managers shouldn't have a standard resume. Rather, good case managers are created. They enter the field with solid "raw material," but it is training that molds them into effective professionals. The key to that process is on-going staff development that:

- relates directly to community goals, measurable objectives, and expected outcomes;
- acquaints potential case managers with the multiple elements of good case management;
- is tied to the specific functions case managers will be expected to carry out in their locality;
- conveys the capacity to design - in partnership with participants and institutions - a strategy of predictable remediation and support.

Case managers must grasp the importance of family, group, community, and social policy as they consider schemes of intervention. They should understand the components of accountability -- good case records, and clear entries for intake, referral, service delivery, termination, and follow-up. They should be able to give examples of advocacy techniques. Finally, they must grasp how important inter-institutional partnerships are, understand the barriers which stand in the way of building such alliances, and be armed with tools to overcome these barriers.

Hence, a training agenda might include subjects such as:

• Outcomes expected by the Community:

- What are the "vision" and philosophies behind the community's case management initiative?
- What is case management, as defined by the community?
- Who will be the target population of the case management effort? What issues will be common among these youth? What will be the most common services they need? How will clients "arrive at the case manager's door?"
- What are the goals and expected outcomes of the local case management initiative?
- Where does the case manager fit in? How does his or her role relate to those of other human service workers?
- What are the client, institutional, and community needs that the case management system will address?

• The Community's Strategy:

- What is the community's formal plan for case management?
    - What gets done now -- by the case managers and by others? (objectives and responsibilities)
    - At what "level of quality?" (specifications)
    - By when do tasks get done? (schedule)
    - Who is ultimately responsible for each aspect of the case management process? (chain of authority)
        - Is there a lead agency?
        - Whose employees are the case managers?
        - Who do case managers report to?
        - What authority do case managers have?
        - Who gets told about problems with the system? How? Will there be a process by which inter-organizational problems get solved?
        - How will communications be handled?
        - How will various reporting requirements and performance standards be handled?
        - How will decisions be made?
- Who will "quarterback" the case management effort?
- What institutions are involved in, and committed to, the case management system? What resources will they contribute? Who should case managers deal with at those institutions, and how can they be reached? What else should case managers know about those institutions?

- What meetings will be held, and what other systems will be developed, to facilitate communication, develop programs, and solve problems? How often will meetings be held? Which should case managers automatically attend? Which are not mandatory, but helpful? What should a case manager's role be during meetings?

• Basic Case Management Techniques:

- What techniques should the case manager use (i.e. listening, counseling, referrals, advocacy, etc.)?
- When should personal appointments be used? When are group sessions better? How does the case manager choose between the two? How do group skills differ from those used in personal appointments?
- How does a case manager structure a "case management intervention" -- Is there a standard process?
- What group skills should the case manager be fluent in?
- What are some techniques for developing rapport with a client?
- How and when does a case manager do "crisis intervention?"
- How does a case manager identify/prioritize client needs?
- How should a case manager interpret assessment information and make a diagnosis?
- How does a case plan get developed?
- How can a case manager solicit client ownership of the plan?
- What are good ways to implement the case plan?
- How should the client's family be involved?
- How can effective referrals be made?
- How does a case manager monitor client progress?
- When should the case plan be re-negotiated, and how?
- What should happen in a case conference?
- How can a case manager handle record keeping requirements?

WHAT ARE THE QUALITIES OF EFFECTIVE CASE MANAGEMENT SUPERVISORS?

Case managers need a person above them to whom they are accountable. They need a "boss" who sets clear goals for them, evaluates their performance, supports them, and acknowledges their achievements.

An ideal case management supervisor is a seasoned, professional who is creative, entrepreneurial, accountable to them and their clients, and powerful enough to assure that case managers can and do deliver the resources that the system claims they should.

Supportive supervision of this type is particularly important because case managers have very tough jobs. They are told that they are crucial to the successful functioning of comprehensive youth service systems. They are asked to serve young people who may have problems so difficult, and behaviors so erratic, that no one person could possibly figure out how to handle them without regular input from others. Case managers are called upon to deal with many institutions, and with staff within those institutions -- many of whom don't jump enthusiastically at the opportunity to work with the case managers.

Yet, case managers are held accountable for what happens with young people. And with this burden, case managers aren't always granted sufficient authority across institutions to do their jobs effectively. Many times, they also aren't asked what they think about how youth should be served or how systems should be developed.

If case managers are burdened with a bureaucratic supervisor who buys in to artificial barriers or traditional modes of operation, they will fail. Case management is client-centered. A supervisor who regularly quotes regulations, saying, "We can't do that because the system won't allow it" buys in to the very "institution-driven" model that has made case management necessary. In other words, an institution-driven supervisor will handcuff case managers and may even kill case management.

Instead, a case management supervisor, like the case managers themselves, must put young peoples' needs above institutional needs. He or she must be an agent for change who has the authority, creativity, and "guts" to obtain fast decisions from community leaders, to open sticky doors, and to remove barriers. The supervisor must regularly ask, "How can we do what we need to do in the name of young people?"

It must be the primary goal of the case management supervisor to insure that case managers are given whatever they need to serve young people effectively. Case managers must know that if they run into a road-block to meeting their client's needs, their supervisor will work hard to remove it in a timely fashion.

INTER-INSTITUTIONAL AGREEMENTS: THE FOUNDATION OF EFFECTIVE CASE MANAGEMENT

DEVELOPING A FORMAL CASE MANAGEMENT SYSTEM

The first half of this Guide discussed the client-focused aspect of case management -- the ways in which case managers help young people to identify and achieve their personal goals.

Equally crucial to effective case management are coordinated activities that cross institutions -- the development of a multi-service, multi-funder "system."

> **"A single-program case management effort won't work. JTPA can't do it alone. Welfare can't do it alone. Social Services can't either. Those who try to do case management within one program aren't doing case management."**

Nearly all at-risk youth need help from a variety of service providers. Certainly JTPA is one such provider, but it is only one "tool" in a larger service "toolbox." The resources of the welfare department represent another tool. The social service department offers another. Schools are another. The juvenile justice system is still another...and so on.

It is only by taking advantage of the varied target groups, regulations, and resources among a group of agencies that a comprehensive case management effort can hope to fulfill the varied needs of youth will multiple problems.

In other words, no matter how strong the relationship between a JTPA-sponsored case manager and his/her client, and no matter how complete the case plan, a case management intervention will fail if the case manager can't access the many non-JTPA services his/her client needs.

> **"A case management system must have a firm foundation of inter-institutional agreements."**

This section of the Guide will take an in-depth look at how groups of youth-serving institutions play a pivotal role in assuring the integrity and success of case management.

WHY IS IT SO HARD FOR "CASE MANAGERS" TO CONNECT YOUTH WITH SERVICES IN TRADITIONAL SYSTEMS?

We'd all like an ideal world in which young people could get the services they need when they need them. Wouldn't it be great if appropriate "slots" were always available on schedule, concerned staff eagerly awaited each young person, and services "custom fit" each youth's unique needs? Unfortunately, the world of traditional human services is rarely so ideal.

In many communities that purport to do "case management," case managers are expected to use their personal wherewithal to advocate for each client and to broker services on their own. An entrepreneurial case manager might actually succeed by working hard to develop personal contacts at organizations to which s/he regularly needs to refer kids. If those efforts pan out, the case manager could call a personal contact and obtain privileged admission for his/her client. Historically, the best case managers have, in fact, found ways to communicate and negotiate with their counterparts at several other agencies in ways that enabled them to broker needed services for kids.

Another common approach involves hiring a staff-person to support case managers in the role of "resource broker." In this model, case managers are not burdened with the responsibility of developing inter-agency agreements. Rather, the broker secures service slots in a manner similar to what is done by "job developers" seeking employment slots from businesses. When a case manager needs to link a youth with another institution, s/he asks the resource broker to locate and obtain an appropriate slot.

These "ad hoc" brokering strategies are based upon the assumption that a savvy individual can regularly "break" local bureaucratic systems in the name of quality services for kids. They succeed sometimes. They work on the occasions when the best staff actually have the time, or take the time, to swim upstream in order to get something done. They succeed sometimes when personalities click. They succeed sometimes for the veterans who know how to work the system. They succeed sometimes for limited numbers of kids. However, most of the time they don't work at all.

WHY DON'T AD HOC APPROACHES WORK?

It is more typical for ad hoc brokering strategies to come up short. If the person doing them has the title of "case manager," it is likely that s/he will be held accountable for helping young people obtain the services they need. Yet because the case manager lacks the authority to assure that other organizations will cooperate, s/he will inevitably end up fighting well-

entrenched bureaucracies, often fruitlessly. Resources will usually prove inaccessible or be secured only after considerable difficulty. The institutions themselves will not be held accountable for what happens with case-managed young people in an ad hoc system.

Too often, the case manager will be left "holding the bag." S/he is stuck with informing a young person that it may be a month or more until admission to a needed service is possible. More often than not, the youth ends up on a waiting list. If all goes well, the young person will endure the delay and eventually receive the needed service. However, it is equally common for the youth to "fall through the cracks" during the waiting period.

The hard fact is that if clients are to attain regular, timely admission to services, ad hoc, person-driven brokering approaches just don't work. They are simply an additional service layer of questionable effectiveness on top of a fragmented, non-accountable system. Patchwork efforts of this sort fail because they do not substantially change the environment in which at-risk youth are served.

WHY ARE FORMAL CASE MANAGEMENT SYSTEMS NEEDED?

Case management cannot be done on an ad hoc basis. It cannot be a "program" or an additional service layer. Rather, it ought to be a dynamic, coordinated system of programs and services bound together by a network of service agreements, common procedures, joint planning, and shared resources. Effective case management can only come about through mutual agreement of a number of institutions striving for a common goal:

> **to operate a permanent, client-centered system offering a comprehensive mix of services across institutions which is accountable for assuring that each young person achieves whatever outcomes s/he needs to reach his/her goals despite possible changes over time in regulations, procedures, or the individuals providing those services.**

A key objective of a case management system should be to empower case managers to "requisition" slots from cooperating institutions, thereby assuring clients appropriate services on schedule. Case management can and should become an institutionally-authorized force for system change: to foster comprehensive and coordinated service delivery while identifying and correcting system weaknesses. It should stimulate increased service delivery opportunities, options, and attention for young people. It shouldn't just work with available resources. It should raise the question, "What new resources need to be available?"

In summary, it is only through formal institutional ties that:

- case managers can be empowered to help each young person access, in a timely fashion, the variety of services across institutional boundaries that s/he needs;
- case managers can effectively advocate for changes in the ways institutions operate because the institutions have mutually authorized case managers to play that role;
- negative side-effects of categorical programs can be reduced through documentation of inter-institutional experiences;
- institutions can be held accountable for successfully serving young people;
- inadequate services, or gaps in services, can be identified and addressed in ways made possible through the mutual power inherent in a group but not always possible through the efforts of a lone person or institution.

This inter-institutional approach to case management is challenging. It requires time, energy, and willingness to change familiar ways of doing business. The pages that follow discuss some key issues to consider and steps to take enroute to forming a collaborative case management system.

WHAT INITIAL GROUNDWORK SHOULD COMMUNITY LEADERS DO?

Engineering a formal case management system is not easy. Developing workable inter-institutional agreements and spurring institutional change require very hard work over a long period of time. Pay-offs are not immediate, and risks -- political, financial, and programmatic -- have to be taken.

It would be far easier for institutions to stick with current, ad hoc approaches. However, as difficult and often frustrating as this more ambitious, formal case management agenda is, we believe that there is no effective second choice.

On the other hand, no community or group of institutions should try to create a formal case management system merely because "every community should have one." Energy should not be wasted developing a system if conditions are not right for healthy operation. The consequences and responsibilities involved should be taken seriously because so many personal commitments and expectations among concerned people are at stake.

Therefore, before a case management system can even be considered, there needs to be at least a core group of community

or institutional leaders who acknowledge that traditional ways of operating just haven't worked with at-risk youth. These people need to agree that case management and new levels of institutional cooperation might be promising strategies for addressing the needs of at-risk youth.

Before they can get anybody else "on the bandwagon," these leaders will need to do some groundwork. They'll need to determine whether development of a formal case management system is feasible or even necessary.

• Defining youth and institutional needs:

The first step in the development of a case management system is to analyze the community's real and perceived, youth and institutional, needs.

Although it would be nice to do so, this analysis does not have to be a formal, academic study. The information is already out there -- in newspaper articles, in funding proposals, in the regular cries for help from line staff who work with teenagers every day. Regardless of source, this analysis should be approached from several levels:

- What are the needs of local young people?

  - Who are our youth; and among them, who do we define as having serious, multiple barriers to success?
  - What needs do all youth, and especially "at-risk" youth, have?
  - Do we have a large enough "at-risk" youth population to consider developing a case management system earmarked especially for them?

- What community resources impact this population?

  - What youth services and resources do we offer now?
  - From which organizations, and from which people within those organizations, might resources for young people be drawn?
  - Of those organizations, which are most likely to conduct assessments of at-risk kids, and/or to have service plans in place?
  - Which institutions show the most positive interest in at-risk kids and in inter-institutional cooperation?

- Which government agencies will play a role in regulating or funding youth-serving institutions?

- What constitutes a successful intervention?

- What outcomes should result from a "successful" intervention in any given field?

- How do the following elements enter into the definition of success:
  - short-term outcomes;
  - long-term outcomes;
  - slot level versus demand;
  - timeliness of service entry;

- What do we do now that successfully addresses youths' needs?

- Which among our existing approaches really work?

- Do youth access these initiatives when they need them?

- Where do we fail to meet those needs?

- When, and with whom, are our existing approaches unsuccessful?

- What makes each unsuccessful?

- When do we have no approach at all?

- When do we have a good approach with inadequate access?

- In what ways do we make it difficult for kids to wend their way through "the system?"

• Deciding whether case management is necessary:

This initial analysis should offer key insights into logical next steps. Perhaps case management is not what is needed. Perhaps current efforts, adjusted in a few key ways, would "do the job" relatively well. For example, does the analysis show that problems might be due to faulty program or inter-program design?

- Do kids just need more counseling or personal attention?
- Are there just too few slots in several key programs?
- Are programs recruiting kids ineffectually?
- Is there a need for better communication between agencies?
- Do agencies need just to clarify their admissions requirements?

It may be that there are some solutions that will "do the trick" without case management:

- Perhaps adjustments to intake processes at current programs would improve things;
- Perhaps more thorough personal counseling offered within existing agencies, coupled with more time spent on making "good" referrals, would be adequate;
- Perhaps fund-raising would provide the resources necessary to increase slots here and there, and would fill a few other vital service gaps;
- Perhaps kids already manage to access the help they need without significant adult assistance.

On the other hand, if the analysis shows that the real problem, over and over again, comes down to "linkage" issues, then perhaps a set of formal interagency agreements coordinated by case management <u>is</u> called for. For example, the analysis may show that:

- young people consistently receive only a single service, or only receive those services offered by one agency;
- an unacceptable number of young people drop out of many programs because they lack the support of an adult who can guide and support them across programs;
- agencies regularly compete for the same kids, and/or conduct repetitive, redundant assessments without talking to each other;
- current approaches have unacceptable failure rates with young people who face multiple problems because one unaddressed problem regularly contributes to failure in services that address a different problem;
- kids regularly get lost and "fall through the cracks" in a "non-system" of fragmented services;
- at-risk youth feel so overwhelmed by their many needs that they can't effectively sort out those needs without concerted adult assistance.

If the needs analysis shows that these symptoms are rampant across a community's youth system, case management may be an appropriate strategy.

POLICY AGREEMENTS

Once the decision to proceed with case management is made, institutional leaders need to spend considerable time seeking common ground and mutually developing policies that define:

- a target population to receive case management;
- the needs of this population;
- goals, scope, and objectives of a system to address those needs;
- what "case management" is and what its parameters are.

• Choosing who should receive case management:

Another important, up-front decision must be tackled: Should case management be targeted to a specific population? This question must be addressed early because the "who" defines what services will then need to be offered -- and hence the range and complexity of the resulting system. A large, broad population often results in a complex system that somebody must ultimately manage.

Many communities reserve case management for "at-risk" groups that are especially vulnerable -- those burdened with multiple problems who lack a full repertoire of social, employment, and academic skills. These are typically young people who must have personalized, long-term support from one trusted individual if they are to have any chance to succeed. Of course, when a community chooses to target such a group, it must develop a system offering a wide range of services.

However, despite the popular association between case management and especially at-risk groups, there is no intrinsic reason why case management should be reserved just for those on the extreme end of the continuum. Nothing prevents case management from being a good strategy with low-income youth who are more academically talented and personally motivated. Or perhaps a case management system should serve young people with a range of abilities -- one-third "at-risk," one-third "fair-to-middling," and one-third "motivated." Or perhaps the system should use some other formula.

Though no simple axiom can be used to determine caseload composition, there are some rules of thumb:

- At first, ends must be commensurate with available means, although this may change over time as the system moves toward the ideal. A case management effort that deploys a small number of relatively inexperienced staff on a limited budget would be wise to set feasible goals. This may mean steering clear of <u>severely</u> disabled or dysfunctional populations at first. If the system evolves (as would be hoped for), the target population may expand commensurately.

- Case management places a high degree of responsibility on individual case managers. Burn-out and subsequent turnover correlate to a case manager's perceived sense of impact and effectiveness. Given a caseload weighted towards extreme cases, the risk increases for the case manager to experience his/her role as unrewarding and ineffectual.

- Case management is premised on a collaborative relationship between case manager and client. The case manager works with -- rather than on--the client. To the degree that the client is unwilling or unable to assume an active part in implementing the service plan, the efforts of the case manager will prove futile.

- The larger the case load, the more diluted the case manager's intervention is bound to be. The more severely disadvantaged, hard-to-handle the population being served, the more intense the intervention must be and the smaller the numbers involved.

<u>• Defining the goals and scope of the case management system:</u>

Based upon the needs-analysis and target population chosen, leaders will need to answer the key question, "What do we want our case management system to do for the young people we've chosen to target?"

Leaders will have to decide what the ultimate purpose of the case management system is, and how broad its service capacity should be. Their answers must then be translated into a long-range goal that they all agree is worth pursuing.

Leaders' thinking on goals and scope will ultimately serve as the "vision" guiding all further work on the system. Hence, these issues should not be glossed over. As part of this process, they will find it necessary to consider questions such as:

- What do we really want?

- What should the system achieve with kids?

- Should the system's offerings be limited to a few, commonly requested services?

- Should the system be comprehensive -- offering a broad array of nearly every type of intervention our target population could conceivably need?

- Should all young people in the system automatically receive certain services (with other services relegated to secondary "support services" status)?

- Or should all services receive equal weight?

These are crucial questions, especially considering how many types of intervention a case management system could conceivably offer.

The list that follows is certainly not complete; yet even in its incompleteness it shows over sixty types of service from which a typical economically-disadvantaged youth could benefit:

<u>- personal services</u>
- crisis intervention
- food
- clothing
- shelter
- personal hygiene

<u>- medical/health assistance</u>
- medical services
- prenatal care
- dental services
- psychological services
- drug/alcohol abuse prevention
- drug/alcohol treatment
- birth control/family planning information
- AIDS education/treatment

<u>- guidance</u>
- assessments/testing
- mentoring/role models
- personal counseling
- career education
- career counseling
- educational counseling
- values-clarification exercises
- motivational training

<u>- education</u>
- public schooling
- tutoring

- bilingual education
- basic skills remediation
- GED preparation
- other alternative education
- college awareness
- postsecondary education assistance
- financial aid assistance

- employment
- job shadowing
- internships
- community service work
- supervised crew work
- subsidized work experience
- pre-employment preparation
- on-the-job training
- unsubsidized, private-sector employment
- job search assistance
- entrepreneurship

- life skills
- money management instruction
- decision-making training
- problem-solving training
- life planning education
- social skills training
- leadership skills development

- transportation
- public transportation
- transportation passes
- other transportation assistance

- parenting
- birth control
- parenting education
- parenting support groups
- infant/toddler care
- child care

- legal
- legal assistance
- probation/parole monitoring

- recreation:
- general fitness/exercise programs
- sports instruction
- organized team sports
- leisure activities/hobbies
- field trips
- other "horizon broadening" activities

It is only after defining the long-range goals and scope of the initiative that policies and other short-range goals can be developed. Some examples of goals and policies from case management systems around the country include:

- At-risk youth in need of assistance from several agencies will be served in a coordinated and comprehensive way.
- The services youth receive will be based on a broad assessment of their strengths, weaknesses, and circumstances.
- Services for any case-managed youth will be described in a specific, written "case plan" developed cooperatively by several institutions in consultation with, at least, the youth and his parents.
- The progress or lack of progress achieved as a result of the case plan will be monitored by a case manager in concert with the youth, parents, and other key individuals. Modifications will be made if progress is insufficient.
- Institutions will recognize the unique and central coordinating role played by case managers.
- Case managers will work with each youth over a period of years, and will be seen by the youth as an advocate, working in his/her best interest.
- Leaders will be informed about and guided by the actual experience of the case management system as it identifies successes, failures, roadblocks, non-responsiveness, etc.
- Involved institutions agree to regularly plan and work together to develop high-quality services for young people, and furthermore agree to participate in joint decision-making on new program development.
- Institutions agree to share evaluations of program and system performance with each other, and to adjust service strategies accordingly.

• Defining "case management:"

Once goals have been agreed upon, an appropriate definition of "case management" becomes possible. Because it means so many different things to different people, leaders must develop a mutually-agreed-upon definition of what it is before other steps can be taken to develop a case management system.

Leaders should draft a definition based upon the goals and scope that have been agreed upon; however this definition should not represent the final say on the issue. Rather, it should be a dynamic starting point -- a subject for further discussion, debate, and ratification once other institutional leaders and constituencies are on-board.

Leaders will find that the depth of intervention case managers are expected to make will fall on a continuum, usually based upon their definition of case management, the goals and objectives of the initiative, and two other key questions:

- How much does the case manager handle by him/herself?
- How much support does the case manager receive from institutions to enable him/her to deliver in a timely fashion those services which s/he does not choose to handle by him/herself?

An analysis of "what case management is" across a variety of communities shows that case managers' functions usually fall somewhere within the eight categories on the continuum in Chart #1 on the next page. Based upon that chart, this Guide will advocate for communities to design systems in which the case manager's function is to serve as an "agent of an institutional collaborative" (level 8). That model offers the case manager maximum ability to access a variety of services for the young people under his/her wing.

Case managers functioning within the "level 8" model perform limited counseling and some brokering; but in addition, their efforts to link young people with services are bolstered by an inter-institutional collaborative that provides program slots "on-demand" whenever a case manager needs them. The "level 8" model gives the case manager authority to requisition services from among those institutions that join the collaborative effort. Simultaneously, the case manager is expected to identify service shortfalls, communicate them to local leaders, and thereby spearhead advocacy for community-wide institutional change in the name of effective services for youth.

On the "positive" side, the "level 8" approach enables case managers to deliver timely services from among those in the repertoire of the collaborative's member institutions. If the collaborative is organized on a community-wide basis, the case manager has a wide range of resource options to draw from.

On the "negative" side, the range of available services is limited by the number and type of institutions committed to collaboration. The model also requires a long-term, concerted effort to put together a collaborative group large enough to make comprehensive services possible, and that is willing to give the case manager authority to cross institutional borders.

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VARIATIONS ON THE "CASE MANAGEMENT" THEME

LEVEL:	1	2	3	4	5	6	7	8
CASE MANAGER'S FUNCTION:	Counselor with a fancy title.	Super Counselor	Information & Referral Coordinator	Counselor/ Advocate	Counselor/ Institutional Convenor	Case Coordinator	Service Requisitioner	Agent of an Institutional Collaborative
	Develops a warm, supportive encouraging relationship with the client.	Performs all functions at level 1, plus provides whatever services s/he is skilled enough to offer on his/her own.	Performs all functions at level 1, plus informs the client about local services that s/he is aware of. May help client make an appointment at another institution.	Performs all functions at level 3, plus offers unrecognized unauthorized advocacy with other institutions	Performs all functions at level 4, plus brings together representatives from other institutions on behalf of the client.	Performs all functions at level 5, plus is central coordinator of client's case among institutions' existing systems.	Performs all functions at level 6, plus has the authority to requisition services across institutional boundaries.	Performs all functions at level 7, plus identifies community resource gaps and stimulates change.
THE CASE MANAGER MIGHT SAY:	"If you need someone to talk to, or if things get tough, come see me. I'll be here to help."	"I'll be glad to help you investigate occupations and discuss schools, but job placement is out of my league. So let's sit down at lunch time every day next week."	"I can help you explore careers and schools. And there's a program in town that helps kids get jobs. Here's their phone number. Good luck!"	"I can help you explore careers and schools. As for a job, I'll give Agency X a call and push them to enroll you quickly."	"Before we go any further with this, I'd like to sit down with you, your probation officer, your social worker, and your mother to make sure that everyone agrees to the plan."	"Now that we've all agreed upon how to proceed, I'll keep you all informed about how John is doing and what else he needs. When should we all sit down together again?"	"Based upon Wanda's service plan, we'll need to have child care start in mid-June, then her GED class in late June. Please let me know by Tuesday that her enrollment is confirmed."	"We're seeing a pattern of waiting lists for child-care that's interfering with provision of other services. The Collaborative needs to shift some funding from unutilized services into child-care."
INSTITUTIONAL CHANGE:	none	none	none	none	institutional involvement	institutional cooperation	institutional change	institutional change

• Whose employees are the case managers?

If case managers are expected to cross institutional boundaries, the question of whose employees they are is really important.

In case management systems stimulated and controlled by one organization, that organization usually employs the case managers, then sets out to persuade other institutions to cooperate with those case managers. The positive aspect of this strategy is that it is easy to manage and oversee the case managers. The negative side is that it is often tough to get other institutions to "buy in" to the case managers' purported authority to cross institutional boundaries.

In some systems governed by inter-institutional partnerships, each member institution agrees to hire one or more case managers, or to retrain existing staff. Sometimes case managers are housed within the institution that hired them, while other times they may be co-located with case managers from other institutions. This model has the advantage that it gives case managers more inter-agency authority. However, its drawback is that, since each case manager works for a different employer, each may be paid at a different rate, may operate under different personnel policies, and may be supervised under a different set of rules.

In other partnership-based systems, a "lead agency" is chosen to serve as the case managers' employer (and often also as fiscal manager, funds recipient, etc.). This agency is typically allocated the funding necessary to hire the case managers, and is responsible for their day-to-day supervision. This model has the advantage that all case managers work for the same employer, and are therefore under similar policies, supervision, expectations, and work rules. However, its implementation is sometimes difficult since "turf" and inter-agency jealousy often enter the picture. It may take time for all of the other involved agencies to get past petty issues. The ability of this model to succeed usually rests upon the key question of "how?" and "by whom?" this lead agency was chosen. If it gained its position through mutual agreement of the group of cooperating institutions, it has a greatly improved chance of succeeding.

There are also instances in which the agency that hires the case managers is their "employer" in name only. It is common for case managers to really be the employees of the inter-institutional board that oversees the system. In such situations, the case manager owes his/her allegiance to that board, and thereby to all of the institutions rather than one of them. This model is very strong in that it facilitates the case manager's ability to work across organizational boundaries. It may be "the best" from the standpoint of effectiveness; however, it carries with it the need for a strong leaders' council to exist.

OPERATIONAL AGREEMENTS

With key policies in place, work can commence on designing the operation of the case management system. It will be necessary for institutions to adopt a philosophy of risk-taking as they:

- structure services based upon patterns of need among their at-risk clients;
- form a plan of action that translates the system's objectives into concrete tasks;
- assign tasks to different workers
- negotiate common assessment practices;
- negotiate the case planning process;
- negotiate the linking process;
- design a vehicle to assure that the system continually meets the needs of clients.

HOW CAN COMMUNITIES STRUCTURE SERVICES?

During the policy-making stage, leaders should have defined a population of young people that would be the primary target group for the case management system. Unless the system has a highly specialized capability, or a narrow target population which funding guidelines insist it treat, clientele probably fall within a continuum of "at-riskness," with some youth more "at-risk" than others.

Ideally, the resulting case management system offers each youth "customized" services that fulfill his/her unique needs. And some systems will strive for that ideal. These systems would acknowledge that it is counterproductive to force "square pegs into a round hole." Certainly all young people should not be required to fit one standard program model regardless of their experiences, intelligence, attitudes, and needs.

However, some planners may consider such a system to be a management and logistical nightmare (For example, JTPA folks may feel that the legislation's regulations and limited mission preclude a totally individualized approach). It is also true that providing personalized services can be expensive, and difficult to organize and coordinate.

With that in mind, planners may seek a middle ground. They may want to provide services that lie somewhere between the ideal, fully-customized strategy and the traditional "force kids to fit what we have" models. They may wish to design sets of services that approximate the needs of groups of young people in the interest of making services manageable and cost-effective.

Planners who know the characteristics of their clientele can conceptualize variations of client need. Each "group" of clients can represent a segment whose members share common characteristics (as determined through assessment), and might benefit from a particular set of "semi-standardized" interventions. Effective service delivery will be enhanced by the degree to which case management and the services to which it refers youth can differentiate among clients.

The concept of grouping kids into several categories within any discipline may not precisely mirror the composition of all case management clients, but for planning purposes, multiple tiers might be a good place to start.

It is true, of course, that case management stresses individualized services. On the other hand, efficient allocation of resources depends upon identifying common needs, and developing approaches that address them collectively. Whether it is a JTPA employment and training context, or a service environment focusing on teenage parents, adjudicated youth, or drop-out prevention, it is nearly always possible to cluster clients around specific categories of competence, skill, and risk. Communities may wish to design a manageable support regime that has individualized levels of structure and intensity which move from maximum, to medium, to minimum within disciplines.

WHAT ARE THE CONTENTS OF AN ACTION PLAN?

Once planners have identified clients' patterns of need, they can begin converting the goals of their case management system into concrete tasks. Each goal should be analyzed using questions such as:

- Where are we now?
- Where do we ultimately want to be?
- What sub-steps do we need to get there?
- When should each sub-step be completed?
- What specifications define a quality completion of each sub-step?
- Who is responsible for doing (implementing) each step?
- Who is responsible for assuring that each step gets done (accountability/supervision)?
- Who should be communicated with regarding each step and when?

The best plans include clear chains of authority. This framework provides for mutual accountability in terms of specific responsibilities, expectations, tasks, delivery dates, and so on.

WHO ELSE SHOULD BE INVOLVED IN PLANNING?

Once tasks have been identified, personnel requirements become more clear. Successful implementation will require a staff, a well-thought-out committee structure, or both. If the committee route is chosen, committee membership should consist of representatives appointed by participating organizations.

This is the point where players at all levels within each involved organization need to be brought in (if they haven't been already). In other words, it's not just the top people who need to be involved. No case management system can operate successfully if it relies solely upon upper echelon players. Middle management, and line staff from participating institutions have a role. Parents have a role. Young people have a role. At this early phase of the planning process, leadership must seek out and involved energetic, committed actors at every organizational level.

The basic rule is: Those who are <u>not</u> involved in planning will not "own" this important effort. It will feel like they are being handed someone else's project, fait accompli. And because it is not their project, they will not have a strong commitment to it. They may even sabotage it.

It must also be acknowledged that amidst the best designed systems exist "bureaucrats," "paper-pushers," "super-clerks," and the other burned-out individuals who everyone would like to ignore. These individuals want things to be easy, and will resist efforts that might cause them discomfort. Unfortunately, they can kill the system if they are not involved. Hence, they must be an integral part of the planning function. Their spoken and unspoken protests, "We can't do that because of blah, blah, blah," must be overcome through the pressure and persuasion of their peers on the planning groups.

WHAT'S INVOLVED IN NEGOTIATING COMMON ASSESSMENT PROCEDURES?

For case management to work, assessment data must be accurate, current, and useful among whatever organizations will be called upon to provide interventions. If any one institution is to conduct a client assessment that is useful to other institutions, and if that institution is going to be willing to share its assessment data, leaders will need to hammer out mutual operational questions such as:

- What is the content of each institution's assessment process?
- What common information do we collect that could be consolidated into a mutually accepted intake record?

- Where do we use common testing and assessment instruments?
- Are there areas where our assessment and testing methods differ but seek similar information? Could we agree upon common methodologies?
- How will we handle confidentiality of information and parental consent?
- Can we pool our information and impressions of a young person for our common interest of helping this young person and his/her family?
- How will we know when more than one of us is serving the same young person?
- Can representatives of one institution sit in on meetings of another in cases when both are serving the same young person?
- How will one institution access the assessment capacity of another? (i.e., At times the issue won't be sharing assessment data, but rather getting one done. Institutions should identify sources that case managers can call upon to conduct an assessment when one has not been done. To whom can the case manager turn for a physical exam? A psychological? How much might it cost and how can it be paid for? How long is the waiting period?)

WHAT'S INVOLVED IN NEGOTIATING A CASE-PLANNING PROCESS?

There are also many inter-institutional details regarding case planning that will have to be considered. For example:

- What will be each institution's frequency and description of services to be offered. (Many agencies do not have case plans, or have plans so imprecise that they defy effective monitoring. Cases are "assigned" to an individual who "handles" the case.)
- How will case managers deal with eligibility and waiting lists? (i.e., Case managers need, for planning and for advocacy purposes, to document not only what services a child receives, but also what services he/she fails to receive.)
- How will institutions cope with professional language barriers? (i.e., Institutions tend to describe services

in terms that have meanings specific to their particular field of specialization. Words such as "counseling", "mentoring", and "supervision" may convey very different things to representatives of separate systems.)

- How will the system insure, or at least handle, issues of inclusiveness? (i.e., Very often, even with the best of intentions, someone gets left out. A meeting stemming from the assessment of a youth may result in the conclusion that a service from X is needed. X may not be represented at this meeting. Perhaps X was not invited because this service need was not foreseen. Maybe X could not attend due to a scheduling conflict. Possibly X does not yet have an agreement to participate in common planning.)

Another area of case plan design concerns how the system will deal with already active cases. For example, it is quite possible that a young person earmarked for case management will already be on someone else's existing caseload. As difficult as it is to engineer a multi-institutional case plan with a new case, it is doubly so when a case plan (or plans) already exist. Therefore, institutions will need to agree about:

- how they will transfer "authority" over a young person's case to the case manager;
- who should be referred (characteristics of target population);
- when referrals should be made (probably as early as possible, before separate agency case plans are fixed);
- how the case manager will handle the referrals of others (We want priority status from other agencies in some cases. Are we willing to give them that status in our program?).

WHAT'S INVOLVED IN NEGOTIATING THE LINKING PROCESS?

Developing formal linkages across institutional lines carries a whole additional set of operational details. Because case-managers are charged with crossing institutional boundaries, it is especially important that their role in linking, tasks, level of autonomy, and cross-institutional authority be clearly defined and mutually agreed upon. Organizations must delineate which decisions and responsibilities are those of the case-manager, versus which are to be handled by department supervisors, organizational directors, or the alliance's governing group. They must consider:

- How will we make linkage smooth and understandable, and avoid having to make it up from scratch each time?
- How will we share information which is needed by the service delivery agency in order to be most effective?
- How will case managers get specific service commitments -not just that the agency will "open a case" but what will be done, when, how often, and by whom?
- What will be the extent of, and limits to, the case managers authority with each institution?
- How will institutions communicate with each other regarding cases in general and on specific cases? Who will share what information, when, in what form?
- How will we minimize the feeling among service agency personnel that they are being invaded, dictated to, or not being respected?
- Who will be responsible in each institution for assuring that the linking process is handled well within their own institution?
- Who goes to whom when a case manager encounters linkage problems?

With these questions and others that they will stimulate adequately addressed, a formal case management system can be designed.

HOW MIGHT A COMMUNITY CHART CLIENT-FLOW THROUGH THE SYSTEM?

If the only way to describe a system is verbally, the system will fail. There is too much opportunity for faulty communication. Therefore, it behooves planners to commit their inter-institutional system to paper so everyone can see it.

Representatives from partner organizations who know in-depth how their own organizations work should take an active part in designing this visualization of the system. Their intimate knowledge of the different ways their organizations' internal systems operate is essential if a workable inter-institutional system is to be developed.

Since the system is to be client-driven, it may be helpful to start with a chart showing "client flow." Such a chart would show, in simplified form, what might happen to a client from the point s/he enters the system to the point s/he exits it, with all the possible permutations in between. It would identify several possible tracks and options.

Flow-charts or PERT diagrams are excellent ways to visualize and organize a complex sequence of events. They identify which tasks are pre-requisites for others and which can be done simultaneously. Using the client-flow chart as a base, supplementary charts can then be created to provide additional information or detail about various aspects of the program. For example, secondary charts might delineate, at various stages of client flow, issues such as:

- case management functions;
- which organizations and individuals within those organizations must be involved;
- how many youth must pass through particular components and when;
- what must be communicated between components, or the organizations operating those components;
- what decisions are made, by whom, and when in the client flow process;
- what paper must flow from where to where as a client advances through the system;
- who one communicates with when there is a problem with a particular aspect of the system.

WHAT SAFEGUARDS CAN BE TAKEN TO ENSURE THAT "THE SYSTEM" WORKS FOR ALL CLIENTS?

Amidst all this hard work developing systems and agreements, it is easy to forget that a key reason for case management is that most systems and agreements don't work in the best interest of all clients. The same will hold true here.

Clear patterns of system failure should be identified by case managers, and then communicated to the Collaborative Council which has the responsibility of changing the system accordingly.

However, even if the system is good, an occasional young person may need some sort of waiver. Therefore, one or more individuals need the power to be "System-Breakers." Their role is to be available to any case manager whose client's situation warrants a unique variance from the system's usual way of doing things. Together the case manager and System Breaker determine what needs to be done to bend the system so that all necessary institutions can do their part to meet the young person's unique needs. The key concept here is that nobody says, "We can't do that" because "the system" doesn't seem to allow it.

GOVERNANCE MODELS

Regardless of target population, case managers' roles, or the number of institutions involved, there must be some sort of inter-institutional governance structure set up to assure that the "system" evolves efficiently and serves young people in the way its founders envisioned.

The control structures of case management systems usually evolve in either of two ways:

- a "parent" organization (or two organizations) issues written subcontracts or fee-for-service agreements to a limited number of service providers who offer commonly-requested services that the parent organization(s) needs to enhance services for its regular clientele.

- a group of leaders seek to find a better way to provide a limited or fully-comprehensive array of services, many of which fall outside the realm of their own institutions' expertise, by creating a "partnership among equals" involving institutions offering the needed services.

WHAT ROLE DO SUBCONTRACTS PLAY?

A sub-contract-based governance system usually fits the "Golden Rule" -- "He who has the gold makes the rules." It is most often used when an independent agency recognizes that its traditional interventions have not been enough to consistently help its "at-risk" clients achieve its and their ends.

- For example, an SDA offering pre-employment preparation, job placement, basic skills remediation, and GED preparation realizes that "external barriers" cause an unacceptably large percentage of clients to drop out of its classes. Among these barriers is a constantly recurring one -- teenage parents lack adequate child care.

An agency in this situation wants to assure that a commonly encountered set of external barriers cease to interfere with its clients' abilities to complete its own services.

- The aforementioned SDA does not and cannot offer child care services, and its staff regularly encounter long waiting lists when seeking slots for their clients from existing day-care centers. The SDA wants to assure availability of child care for its clients so that the dropout rate among teen parents is reduced.

Using its financial resources, the agency writes subcontracts with other institutions to assure that its case managers can access the services its clients regularly need.

- The SDA hires case managers to give its clients the personal attention they need. It also negotiates a series of subcontracts that ensure rapid access to "external services" for those clients. Among these subcontracts are three with local child-care centers that together guarantee 50 slots per year, on demand, to case managers seeking those slots.

The subcontract or fee-for-service agreement model of case management works well if the institution in charge has the money to do them, and if it wishes to avoid the problems inherent in meeting any institutional needs except its own.

WHAT ROLE DO INTER-INSTITUTIONAL PARTNERSHIPS PLAY?

Partnership-based case management systems range in size from "limited partnerships" that bring together a small group of institutions offering a finite set of services, to "mega-collaboratives" involving nearly all youth-serving institutions in a community.

Limited partnerships tend to stay small, with an "in group" that controls the entire system. The system's service offerings are limited to those provided by the involved agencies. It usually offers services that are commonly requested by at-risk youth, and often comes about when one or more agencies choose to band together to share mutually needed resources.

One common variation on this theme occurs when two or three state agencies -- perhaps the state department employment & training, the state department of social services, the state welfare department, or some other combination -- decide to collaborate. Recognizing that they share a common client population, and that each agency offers services regularly needed by the other, they enter into a partnership aimed at assuring rapid admission into each others' systems.

Another variation occurs when a group of institutions wishes to provide several options within a limited set of goals and services. If the goal were to assure that school dropouts could attain a GED and became employable, a group of alternative education and employment programs might band together to assure that school dropouts had a choice among programs providing those services, and could quickly and easily transfer from one program to another (should the first not meet their needs or preferences).

Within this "limited partnership" model, a young person who requires a service not among those offered by the collaborating group, can turn to his/her case manager for help. The case manager attempts to access the needed service in the traditional "ad hoc" manner commonly used when no collaborative arrangement is present.

On the most ambitious end of the partnership spectrum are "mega-collaboratives" which seek to provide a comprehensive array of services to at-risk youth. These partnerships require the involvement of large numbers of institutions that are called upon to assure timely access to a wide range of resources possible at all times.

WHAT ROLE DO INTER-AGENCY AGREEMENTS PLAY?

Regardless of the governance model or scope of services chosen, written pacts between institutions are a necessity. No matter what they are called (subcontracts, fee-for-service agreements, interagency agreements, etc.), well-formulated agreements require considerable cross-system knowledge and understanding of the goals, procedures, funding, and constraints facing the institutions entering the agreements. This kind of knowledge can only come over time and with considerable effort.

There is no magic formula for developing such agreements; however, the following issues form a minimal framework for concrete, operational details that represent the meat of a formal, inter-institutional agreement:

- Who is entering into agreement? While this might at first seem to be obvious, it is often not. Is the agreement with the board of directors of an organization? With the executive director? With a branch office or the organization as a whole? With the principal or the superintendent? Is the agreement being made with an inter-agency governing board? With a "lead agency?" With the case management director? Identification of the parties is important for accountability purposes. Both sides should think strategically about whose name should be on the dotted line.

- What is the purpose of the agreement? Presumably every agreement will be entered into for the purpose of helping at-risk youth in some specific ways, and it is helpful to say so. But how will the agreement, and the services it describes, help? Without necessarily getting tied down in statistical analyses, the agreement ought to state what is to be accomplished -- increased efficiency, more one-on-one time with kids, increased access to services, etc. To the extent possible, it should also describe how these changes can be measured.

- What is the scope of the agreement? A single agreement, particularly between large and complex organizations, will be unlikely to capture all that goes on between those organizations. It is important therefore, to be as specific as possible about what will be covered. Several limited-scope agreements, or large agreements with sub-parts, may be preferable to a large, all encompassing mega-agreement that is so general that it is little more than an agreement to cooperate in non-specific ways.

- Who does the agreement cover? As a part of the "scope" discussion, it is important to focus on the question of target population. For example, many organizations may have city-wide or county-wide responsibilities for many age groups, while a case management collaborative may be more focused. Agreements need to state clearly who they cover: "economically-disadvantaged youth 13-18 years old" or "students at particular schools or from a particular neighborhood," etc.

- How long is the agreement for? While it might be tempting to try to establish "permanent" agreements, they often have little more than symbolic value. Too many things change over time and too much is learned for most long-term agreements to remain permanently useful. Instead, a specific review process may help to keep an agreement current and useful. It might be the best of all possible worlds to establish an agreement that is expected to be permanent, but incorporates an automatic annual review, evaluation, and update by the participants. It is important to go through a formal process of discussing whether goals were met, how the process might be improved, whether participants can continue to make the pledges that they have in the past. A symbolic "re-signing" will aid in keeping the participants serious about their agreements.

- What are the financial considerations, if any? Agreements will be of two kinds: those in which the parties agree to certain actions, but no money changes hands; or those where one party agrees to pay the other for services rendered. In either case, but particularly in the latter, detailed descriptions of expectations and evaluation criteria are critical.

It falls to the initiator of the inter-institutional agreement to pre-plan so that it has a pretty good idea of what it wants in an agreement, as well as what it can and should give in return.

This is not to suggest a rigid approach -- there will need to be negotiations and deals. Sometimes it will be necessary to get less

and give more than would be ideal. But the initiating agency must offer the starting point. It must express, up-front, what it wants, and how services to its client population will be improved through inter-institutional agreements. From that point on, it must be open to discussion and negotiation.

In addition, although one tends to think in terms of bi-lateral agreements, there are areas where agreements might best be forged between three or more organizations. At-risk youth are beset by multiple and complex problems which rarely fall solely under the mission statement of only one or two organizations. In these instances the initiating organization can be the catalyst that brings multiple agencies to the table.

Agreements that are of value among peer institutions require that their signers lower organizational protective shields, trust their cross-system colleagues, and take the risks that system-change entails.

Beyond such coordination agreements, there is potential for other joint ventures which might have more far reaching consequences in terms of institutional change. Among the possibilities are agreements to:

- jointly develop annual budgets and program plans in areas where target populations and goals are complementary;
- jointly advocate for changes in local or state policies, or for additional resources;
- change the targets or process of intervention, e.g. to jointly stress earlier intervention, or to move to a more community based strategy;
- form a project, or jointly seek grant funds, or co-locate staff in a targeted neighborhood;
- use staff in different ways: to co-locate, or jointly out-station, etc.

We also wish to stress that developing, negotiating, and implementing inter-institutional agreements is an ongoing process. No first-round of agreements can reasonably be expected to do more than scratch the surface of a community's coordination needs. Youth problems may shift over time and certainly agency capacities and resources will not remain static. The ongoing experience of case managers, service providers, and youth should be expected to continually challenge leaders to produce additional or improved coordination agreements.

As such, it is important to create an expectation that ongoing system reform - in part in the form of inter-institutional

agreements - will become not a special, one-time event, but rather a normal, natural part of doing business in the community. Without such an expectation institutions who have "been to the table" once may feel their job is done, and may strenuously resist second-round and ongoing efforts.

There will also be other informal (sometimes even verbal) agreements between individuals (such as a personal agreement between a case-manager and an intake worker about what information a client should have when arriving at an intake appointment). However, it is only because of the written agreements that these informal agreements can have clout.

If leaders decide that the way to go is to form an inter-institutional partnership, there are a number of steps necessary to develop a group capable of designing and operating an effective case management system. The history of inter-institutional partnerships shows clearly that these steps are crucial. They will guide all other work.

This chapter will show that the group of leaders who conducted the initial groundwork -- earmarking a target population, drafting long- and short-range goals, and defining case management and its parameters -- must then attract and involve other players in leadership of a formal collaborative effort.

WHY IS A POWERFUL LEADERSHIP GROUP IMPORTANT?

The literature describing what it takes to develop a functioning collaborative is ripe with themes that are common and applicable to all collaborative models:

- When institutional involvement in a case management system is voluntary, and when it includes empowering case managers to requisition services across institutional boundaries, the organizations involved will find a myriad areas over which they can protest. After all, working together will require them to break from tradition. They will have to lay aside turf, their usual modes of operation, and their institutional agendas. They will have to help each other, rather than compete, in ways they have never done before.

- The kinds of institutional change needed for a voluntary case management system to be possible will happen only if there is a strong, driving force behind them -- one with the power and credibility to stimulate, sell, push, cajole, monitor, and empower those who plan and implement change.

- This force must be inclusive. It must involve the very individuals whose institutions are being called upon to change. It must also involve those who receive services so that a vehicle is always present to let institutions know whether they are doing their jobs.

- This force must wield sufficient power and influence to be able to overcome the resistance that is inevitable when the word "change" is uttered.

To make a case management collaborative work, there must be a powerful council of leaders, service providers, and service recipients that are committed to the concept of assuring

comprehensive services for youth through institutional cooperation.

For the purposes of this Guide, we will call this entity the "Collaborative Council" or "the Council."

WHO SHOULD BE THE MEMBERS OF THE LEADERS' GROUP?

The answer to "Who should serve on the Collaborative Council?" falls on a continuum.

If the proposed case management system is a "limited collaborative," leaders will need to attract, at least, the directors of whatever institutions are necessary to fulfill the service array defined as minimally necessary by the leaders' group.

If leaders seek a "mega-collaborative," the Council should probably include powerful representatives from nearly all, or preferably all, youth-serving institutions in a community. In such a case, the core leaders' group attracts as many of the community's "movers and shakers" to the Collaborative Council as possible. They might include (but are not limited to):

- the mayor;
- the school superintendent;
- a school board member;
- a representative from the state board of education;
- the president of the Parent-Teachers Association (PTA);
- the directors of state and local government agencies that control funds and resources for youth services;
- the director of the Private Industry Council (PIC);
- the president of the Chamber of Commerce;
- other local business leaders;
- the director of the JTPA Service Delivery Area (SDA);
- the directors of major community-based organizations;
- a judge, director of probation, or other powerful representative of the criminal justice system;
- the directors of planned parenthood organizations, hospitals, and other health-related organizations that can assist teenage parents.

In all cases, these should be individuals who have clout and do not hesitate to use it.

Equally important, a Collaborative Council should encourage active participation of potential service recipients and other constituencies of case management. These might include (but are not limited to):

- young people;
- parents;
- teachers and school counselors;
- line-staff of agencies that provide services;
- line staff who indirectly make service-provision possible;
- community organizers;

HOW DO YOU ATTRACT INSTITUTIONS TO WORK TOGETHER?

A case management system must ultimately fulfill organizational needs. This is the only motivation that can be counted on for institutions to participate actively over the long-run. When leaders grasp that tangible benefits can be realized through energetic participation in the system, they are more likely to place involvement in a case management system among their priorities.

Those leaders who have conceived of the system will need to analyze, market heavily, and negotiate based upon, possible "generic" motivations for other organizations to join a system of institutions "glued together" by case management. A few of these motivating forces might be:

• Altruism

Certainly altruism is a strong motivating force, and it must be tapped automatically as a marketing tool. However, altruism alone is neither enough to drive a case management system, nor to maintain involvement over time. Each organization whose involvement is necessary for the system's success may have "doing good things for kids" as its mission; but when the going gets tough, organizational survival will inevitably overcome the client-oriented mission if altruism is the only involving force.

• Funding

It should come as no surprise that money, be it for slots in a program, case management, comprehensive services, or even collaboration itself, will draw many organizations to buy into case management.

If monies for collaborative efforts are available, they can be used to "buy collaboration" from an organization or two if all other approaches fail. Down the road, funders who are interested in collaboration (and there are many!) may play an active role as motivators of institutional involvement and change.

• Credit for doing good things:

Every human-service institution seeks public credit for its good deeds, be it in the form of word-of-mouth credibility among peers and competitors, newspaper articles, or "ammunition" for funding purposes. A "new, revolutionary," comprehensive, client-driven service system offers institutions the opportunity to have their constituencies learn how they have gone "above and beyond the call of duty" in the name of serving young people.

• Being part of the "in-crowd:"

If a significant number of community institutions band together to take a new approach to human services, it will raise eyebrows. The concept is big, and it makes news. Certainly, some organizations will choose to "sit on the fence" to see whether the effort succeeds. However, many will choose to get involved if, for no other reason, it may appear strange if they don't.

• Regulated collaboration

Some organizations will be drawn to participate in a case management system because they are funded by organizations that call for collaboration. For example, the Job Training Partnership Act encourages its employment and training programs to link with public schools and vocational schools.

• Access to services offered by other alliance members:

Many human service organizations struggle to help young people. Because of waiting lists, scheduling difficulties, regulations, or bureaucratic tie-ups, they may have been regularly frustrated when they attempted to help clients obtain services outside of their own institutions.

For example, a teenage mother may consider dropping out of school because her child needs reliable day-care, without which she cannot hope to attend class regularly. Yet her school can neither offer child-care, nor obtain it for her. An alliance with child-care centers, made possible through the case management system, may solve the client's, and the school's, problem.

These generic benefits are merely suggestions. They may not be the ones that a particular institution really wants. The real answers can only come from a thorough analysis face-to-face with institutional representatives themselves. Hence, an open line for candid discussion and negotiation should be established. A sincere effort should be made, often requiring compromise, for an inter-institutional initiative to meet those needs.

WHY IS THE COLLABORATIVE'S "MISSION" IMPORTANT?

A collaborative's governing group must define in a clear (preferably one or two sentence written description) statement, what its role is in bringing about the vision and goals of the case management system. Important for both sales and management, the mission statement is the guiding force behind the goals, objectives, and strategies of this group. Every subsequent decision should ultimately be congruent with the mission.

A typical mission statement reads: "It is the mission of <Name of community's governing group> to <one-phrase description of the primary, overall outcome of the case management initiative as it relates to the target population> through <a one-phrase description of the governing group's function>.

HOW DO YOU TRANSLATE GOALS INTO AN AGENDA FOR ACTION?

To be effective and exciting enough to retain involvement of leaders over time, a governing council needs to be a constantly evolving, political vehicle for institutional change. Its agenda might include:

- communicating, guaranteeing, and reinforcing a commitment across institutions to providing a timely, coordinated range of positive options for young people;
- doing whatever is necessary at the institutional level to make delivery of this commitment possible;
- bringing about a more client-centered, more integrated, and more positive system of supports for young people;
- spearheading and maintaining an ongoing message about the needs of young people, and regularly advocating for the resources necessary to meet those needs.

To fulfill such an agenda, a governing council might be based upon principles such as:

Principle #1: The composition of the Council and its subdivisions should reflect as many key players as possible that can contribute to an effective system for youth.

Principle #2: The Council should strive to become a major force through which the needs of young people are identified, communicated, and held up as high priority issues in the community.

Principle #3: The Council should be authorized by its component partners to exercise collective authority which is binding upon those partners' behavior, policies, performance, and decision making.

Principle #4: The Council should be a stimulus for an integrated inter-institutional system of services that are coordinated by case management and supported through collaboration.

Principle #5: The Council might eventually become capable of garnering, pooling, directing, and re-directing currently-available and new financial resources among its partners.

Principle #6: For such a Council to work within these principles, it should evolve to become a forum for financial and program management.

HOW CAN LEADERS STIMULATE INSTITUTIONAL CHANGE?

If the governing council of a case management system has foresight, ambition and patience, it can evolve to become a significant force for change in the operations and financial management of member institutions (at the "limited collaborative" end of the continuum), or of all youth-serving institutions in a community (at the more ambitious end of the spectrum). For example, such a Council might work with youth-serving institutions to:

- develop methods for reviewing the total budget requests of member institutions.
- develop more common priorities in the ways those institutions spend their money and apply their resources.
- collectively advocate for, secure, or reallocate resources:
    - to more broadly advocate for whatever additional resources are needed by constituent institutions to do their jobs effectively.
    - to enable institutions to pool what are now separate resources when it makes sense to manage them together in a coordinated way.
    - to become a powerful, local fund-raiser for the community and its youth.

A powerful Council might take on the role of bringing about coordinated service delivery and institutional change by working with youth-serving institutions to:

- identify service voids.
- find ways to improve services through collaboration.
- solve problems among and within partner institutions.
- share ideas among institutions.
- collectively envision and use case management as a central vehicle to better:
    - understand the needs of young people;
    - increase efficiency and timeliness of multiple services for young people; and
    - make it possible for young people and their parents to see a single point of access to all services.

Such a Council will not achieve these things by fiat or by any single set of decisions, plans, or endorsements. Rather, it will need to be involved over the long term in an ongoing process of collective assessment of the problem, collective decision making, collective push for institutional change, and collective accountability for what happens to young people.

Such a Council can benefit most institutions over the long-run if they are willing to endure that short-term pain. It can support each institution and the management effort through its influence, its power to direct funds, its ability to call for policy change. It can call for institutions to move away from their traditional modes of operation, and to try new, better coordinated service delivery strategies.

Through its power and influence, the Council can seek to create more effective programming, change policies that are ineffective or work to the detriment of at-risk kids, and support efforts that work well or show promise. In concert with the larger community it represents, such a Council can develop and implement financial plans which support expansion and maintenance of the case management effort as a permanent part of the service delivery system.

This type of formal case management collaborative seeks to establish a system where inter-agency collaboration is the norm. It sees a system where staff are expected to cooperate across agency lines and are called to task if they do not. It sees a system where it is unthinkable for three, or eight, assessments of an individual youth to sit unshared in separate file cabinets without being synthesized into a comprehensive assessment.

It should not be surprising that organizing such a powerful, collaborative effort constitutes a very ambitious agenda requiring special, and sometimes difficult, activities.

HOW CAN THE COLLABORATIVE HELP ITS MEMBERS TO BECOME ACTIVELY INVOLVED?

With many new members on board, the original group of leaders who conceived of the case management system will need to begin "transferring the baton" to a larger council. All members will need a comprehensive orientation to the groundwork that has already been done, to the possible roles of the governing group, and to their personal roles on the Council.

Armed with this background, institutional leaders may make a relatively smooth transition to active participation on the Council. Other members -- those who aren't leaders -- may not. Individuals who are not in power positions may need additional help -- sometimes very basic help -- to become empowered and organized if they are to play an active role as full partners on the Council. Some will need to know how meetings work. Some will need extra support to be comfortable speaking in those meetings. Some may need an extra boost to let them know that what they have to say is important, and to overcome the fear of appearing ignorant in front of those more polished than they are. Some may need to know that it is OK for them to attend meetings dressed in a way that they perceive as inferior.

Of course, including so many individuals will inevitably present a practical problem: the proceedings of an inter-institutional governing Council of unwieldy size may be difficult to manage. Unfortunately, there is no single model or procedure that effectively counters this problem.

The structure of a governing Council must be developed locally to meet local needs. Certainly, a small group could structure itself internally to do business conveniently. However, with a large group, structure becomes more complex and more important.

Given a strong leader, a large council might do its job effectively, although it would always carry with it the burden of a valid minority opinion.

One alternative might be a smaller central council with ultimate voting power, tied to a constellation of empowered subcommittees and other groups that communicate regularly, interrelate, and wield considerable influence with that group.

Regardless of structure, the real test of the Council's effectiveness is whether all constituencies feel listened to, have a sense of partnership and ownership, and accede comfortably to the Council's decisions and power.

COMMUNICATION

WHAT FORMAL LINES OF COMMUNICATION AMONG INSTITUTIONS ARE NECESSARY?

Good cross-institutional communications are crucial to effective case management. If communication is weak or up-to-date information is not readily available, a decision (or mistake) in one component almost always has a ripple-effect on others.

Communication among member organizations, within member organizations, and among staff and committees cannot be handled on an ad hoc basis. With work commencing on multiple fronts and involving many players, it is crucial that distinct, formal communication systems be set up early.

Planners should not rush to implement without first considering how they will insure that all of the actors within the system, and many outside it, will be kept regularly informed -- preferably well in advance -- about policy decisions, formal agreements, and other pertinent developments. If the communications system is well-conceived, nobody says angrily and after-the-fact, "Why wasn't I told about this?"

Planners designing communication lines should consider:

- Who should be kept up-to-date on activities involved in planning or operating the case management system?
    - the case managers;
    - institutional directors and planners;
    - the school superintendent, assistant superintendents, principals, teachers, counselors and other key individuals in the school system;
    - middle managers at involved institutions;
    - line staff of involved institutions;
    - the mayor, and city council members;
    - other leaders of community organizations;
    - leaders of government agencies, foundations, and corporations that fund, oversee, promote, or regulate case management activities or youth services;
    - leaders of other institutions that should be "drawn in" to the case management effort;
    - line staff, especially those responsible for intake, of all youth serving institutions in the community that might be called upon to accept a referral from a case manager whether or not those institutions are members of the system.
    - other individuals who should can affect or will be affected by the case management system.

- What forms might these communications take?

  - verbal communications (which, if possible, should be backed up with follow-up memos, written reports, letters of intent, minutes, etc.):

    - regular meetings;
    - telephone calls;
    - orientation or training sessions;
    - committee meetings
    - verbal reports and presentations.

  - written communications (which should be automatically sent to a standard, and ever growing, mailing list):

    - memos and letters;
    - letters of intent or agreement;
    - fee-for-service agreements;
    - contracts;
    - newsletters;
    - written committee reports;
    - other written reports and studies;
    - newspaper articles.

- What information should be included in communications?

    - who should pay particular attention;
    - new policies, procedures, systems, or structures;
    - other decisions that affect the system;
    - who has agreed to what;
    - what actions are required, and of whom;
    - dates when something becomes effective or when a task must be completed;
    - contact people, and ways to reach them;
    - anything that calls for change to an existing way of doing things;
    - answers to common questions;
    - general information;
    - when will other meetings take place, additional decisions be made, how, by whom, in what forum, etc.?

All of these approaches strengthen the flow of information across institutions that gives vitality to ongoing collaboration.

WHAT ABOUT COMMUNICATION BETWEEN CASE MANAGERS AND COMMUNITY LEADERS?

In a well-designed system, case managers identify "what's really going on in the community" (i.e., successful interventions on behalf of youth, patterns of youth needs, gaps in services, etc.), and to communicate such issues to their governing council. In turn, council members are expected to use this information to

stimulate institutional change, seek or redirect resources, and in other ways support case managers' efforts to deliver comprehensive, timely, "client-centered" services.

An examination of case management systems across the country shows a variety of levels of communication between the two groups:

No communication between case managers and governing council members

Case managers provide information through intermediary channels to the program director who then submits written reports to the governing council

Case managers provide information through intermediary channels to the program Director who then provides verbal reports to the governing council

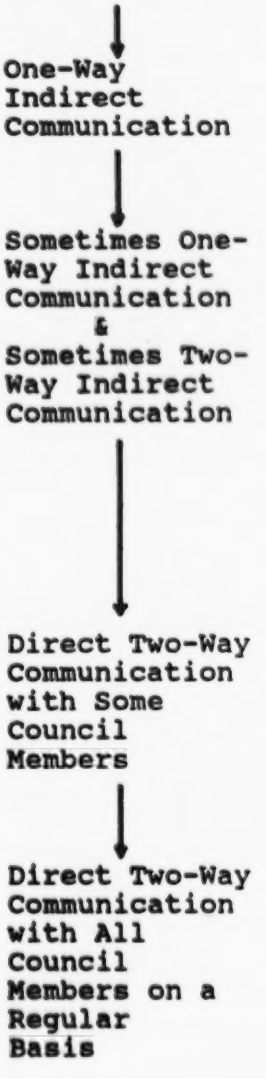
Case managers provide information to their chief supervisor, who then makes a verbal report to the governing council

The governing council holds "open meetings" that case managers can attend, but there is no formal process through which case managers provide direct input to its members

Case managers serve on sub-committees of the governing council, and provide information directly to council members on that subcommittee

The governing council schedules occasional "special meetings" at which case managers present important issues, have direct dialogue with council members, and make recommendations for council action.

One or more case managers attend each regularly-scheduled meeting of the governing council, and have a standard portion of the agenda for dialogue with members of the council, discussion of case management/systems issues, and presentation of recommendations for council action.


No Communication
One-Way Indirect Communication
Sometimes One-Way Indirect Communication
&
Sometimes Two-Way Indirect Communication
Direct Two-Way Communication with Some Council Members
Direct Two-Way Communication with All Council Members on a Regular Basis

We recommend that communication systems go a step further. Results will be particularly enhanced if communication occurs using a "closed loop" system whereby the governing council not only assures regular, direct, two-way communication with case managers, but also communicates back to case managers what was done or will be done with the information case managers provided.

WHAT DO COMMUNITY LEADERS NEED TO DO AND BE IF THEY ARE TO USE INFORMATION FROM CASE MANAGERS?

Well-designed communication channels (e.g. ones in which case managers are given ample opportunity to communicate issues directly to council members and vice-versa) do not necessarily guarantee that information will be used effectively.

Governing councils have some internal work to do to assure that they are capable of translating information from case managers into action steps. To do so, council members must understand and accept their responsibility as the group with primary responsibility for assuring that case managers are supported and empowered to do their jobs. Little of value will happen until members of the governing council:

- **understand and internalize:**

  - what it's like to be an economically-disadvantaged kid in the community's existing youth service "system;"

  - what else is in the "system" besides the case management initiative and its cooperating institutions (e.g., What are the other "games in town?" How do they relate to, do they impact upon, and/or are they affected by the case management initiative?);

  - the vision of what case managers are called upon to do (i.e., Should case managers do direct service? Or should case managers limit their actions to indirect services -- identifying service needs and arranging for them to be handled by others in the community?);

  - the reality of being a case manager given this role;

  - what makes case managers different from the community's other human service professionals -- especially those who, at first glance, seem to be doing similar things;

- **assure case manager safety and trust in terms of being the gatherer and/or messenger of "damaging" information:**

If case managers are expected to act as the "agents" of the

governing council -- identifying resource gaps or inadequate services -- there must be a relationship of mutual trust between the two groups.

Some case managers may be uncomfortable with the "program monitor" aspect of their job. They may feel that they are viewed by other professionals as "spies" or "finks." They may wonder whether they will experience negative repercussions from members of the governing council if, by doing their jobs well, they report problems with those members' own institutions.

Case managers will need the support of the institutional leaders on the governing council in several areas:

- Council members will need to instruct staff in their own institutions to be open to, and cooperate with, case managers;

- Council members need to make honest appraisals of what the youth-serving "system" is really like -- and be willing to change that system -- moving in non-traditional ways;

- Council members will need to acknowledge that there may be some problems with their own institutions, and must be willing to accept constructive criticism from case managers and from other council members;

- Council members must work as partners with case managers to develop inter-institutional agreements leading to policy changes that benefit kids.

e review how and when issues should be handled at the case management or staff levels rather than by the governing council:

Many problems will never reach the governing council, but instead will be handled at lower levels. Sometimes this is healthy and effective. Sometimes it is not.

Lower level solutions are unhealthy if they occur because case managers and others have had to tackle issues themselves because they couldn't count on the governing council to do so.

Another crucial issue regarding lower level "solutions" is that they may address one individual youth's case rather than larger policy-driven or inter-institutional issues that contributed to the problem in the first place. This can be healthy if a young person's situation is relatively unique. However, often the situation is only one example of a regularly recurring problem. When dealt with at the lower levels, case managers and staff sometimes spend inordinate amounts of time putting out individual fires without dealing with root problems.

In general, case managers need governing council members to:

- acknowledge that issues should often be tackled first at lower levels (e.g., the "lowest common denominator" point);
- sign-off on lower-level solutions when those actions seem appropriate and effective;
- seek information about patterns of recurring problems that have not been adequately addressed at lower levels;
- consider one of the council's roles to be addressing patterns of issues through inter-institutional agreements, policy changes, or the "arm-bending" that is possible through the collective power of the leaders on the council;
- use the council as an influential "lever" that marshals that collective power to create major change;
- make sure that "nothing" doesn't happen (e.g., council members must strive for and clearly demonstrate a willingness to change institutional behaviors even when it means that their own institutions must change in a manner that might make them feel uncomfortable);
- "bite the political bullet" (e.g., Council members must be willing to take unpopular stands in the name of assuring quality services for kids despite possible political ramifications for doing so);
- identify who is responsible for making changes, and then do whatever is necessary to influence them to make those changes -- taking full advantage of the council's collective power.

WHAT VEHICLES WILL ASSURE COMMUNICATION BETWEEN CASE MANAGERS AND COMMUNITY LEADERS?

Preferably, formal communication systems will allow direct, two-way dialogue between case managers and council members. Some possible vehicles are:

- set up one or more special sub-committees of the governing council whose job it is to receive and process information provided by case managers;
- encourage case managers to attend and participate in regularly scheduled meetings of the council;
- schedule special meetings of the council specifically for dialogue between case managers and all council members;

• allow case managers to contribute to the process of generating possible solutions to community problems.

There are also ways to improve indirect communications by minimizing the bureaucratic distance between case managers and the governing council, among them:

• enabling the case management supervisor or director to report directly to the council at its regular meetings;

• setting a policy that reporting will be "reality-based" (e.g., no "polishing" or "positive-editing" of reports at each successive bureaucratic rung of the ladder as information makes its way through channels to the council);

• designing a "closed loop" communication system in which case managers communicate data to the council, and the council communicates back to case managers how that data was used.

HOW CAN CASE MANAGERS DEVELOP "ACTION-BASED" REPORTS FOR COMMUNITY LEADERS?

• Reports should describe what's working and not working:

- identifying patterns of problems/issues/barriers rather than calling on the council to tackle single-case issues;
- listing and prioritizing the community's major resource issues/barriers so that council members can focus energies on really crucial problems;
- describing what's going on within the case management system;
- describing what's going on outside the system;
- offering data supporting the above;
- illustrating aspects of the above with real-life, local examples.

• Reports should clarify what's been done at lower levels to handle situations:

- describing which levels within the system/ organization each issue passed through enroute to coming to the attention of the council, and describing how each level dealt with the issue;
- identifying where lower-level interventions succeeded;
- identifying where lower-level interventions failed;
- analyzing reasons for successful or failed lower-level interventions;

- Reports should seek Collaborative "sign-off" on lower-level interventions:

  - to communicate the importance among community institutions and their staffs of case managers' and case management directors' key roles in overcoming barriers to young people's success.

- Reports should generate recommendations from case managers and staff regarding possible options for council action which:

  - are policy-oriented;
  - offer, when possible, an array of council actions to be chosen from;
  - recommend one or more action(s) from that array, when possible;
  - include decisions about who is responsible for what and by when;
  - generate projected impacts of these actions on the case management system;
  - consider the consequences of inaction.

Is case management working?

Evaluation of a case management system is vital to effective services and organizational planning. Program operators have to understand what to look at if they are to understand how far or how close they are to where they want to be.

Like the case management system itself, evaluation occurs on two levels. On one hand, measures of success must ask, "How are young people benefitting from case management?" On the other hand, measures should consider institutional change.

Evaluation and management information systems should relate directly back to the goals and objectives set out in the collaborative's operational plans and in each client's case plan:

- Are institutions working together in new, creative ways that ultimately benefit young people?
- Is case management having an observable, measurable impact upon the young people it serves?
- Are young people gaining timely access to the services they need?
- Are young people moving smoothly through the system?
- Is the initiative "client-centered?"
- Are young people learning what they set out to learn?
- Are youth gaining the skills they need to meet goals?
- Are young people actually meeting their goals?
- Are young people still falling through the cracks?

To summarize the contents of this Guide, and to assist communities in the establishment of appropriate benchmarks, we offer the questions that follow:

WHAT ARE SOME CLIENT-CENTERED BENCHMARKS?

Client-centered benchmarks should drive the case management system. These benchmarks will vary according to the specific goals of a local case management effort, and the unique, personal goals set out in each client's case plan. There are several generic areas that might be looked at, all of which would best be compared to client behavior prior to the case management intervention:

- Are clients developing realistic goals?
- Are clients identifying services and resources they need?
- Are clients developing satisfactory case plans?
- Are clients signing "contracts" based upon their plans?
- Are clients securing timely enrollment in services defined in their case plans?
- Are clients demonstrating satisfactory attendance in services?
- Are clients pleased with those services?
- Are clients attaining skills defined in their plans?
- Are clients satisfactorily completing services defined in their plans?
- Are clients attaining the skills and outcomes that service providers say they need to be competent?
- Are clients completing all aspects of their plans?
- Are clients and case managers mutually agreeing upon termination of the client/case manager relationship upon completion of their plans?
- Are clients satisfied with the overall intervention?
- Are clients reaching the level of self-sufficiency considered the ultimate goal of the case management collaborative?

WHAT ARE SOME INSTITUTIONAL COLLABORATION BENCHMARKS?

Like the client-centered benchmarks, there are some measures of collaboration among institutions that should be looked at:

- To what extent do institutional members of the

collaborative group share information about their organizations, programs, and clients?

- How frequent is communication at all levels among collaborating institutions?
- To what extent do collaborative members share in planning and decision-making?
- To what extent have formal, written agreements been developed that govern institutional roles in the collaborative?
- To what extent have member institutions contributed staff time and resources to the collaborative effort?
- In what ways, and to what extent, have funds or resources been redirected as a result of collaborative efforts?

WHAT MIGHT BE SOME BENCHMARKS FOR AN EFFECTIVE ASSESSMENT SYSTEM?

- To what extent do the "case management entity" and others share assessment information?
- What is the nature of that sharing: Is it simply a series of mailings of assessment forms to each other or in a process which seeks to reach a common assessment?
- Which institutions have agreed to a collaborative assessment process and which have not?
- Among those institutions who have not agreed, is it because:
  - there does not seem to be a large enough caseload in common to justify such an agreement?
  - timing: negotiations have not begun or been completed but it is on the schedule?
  - the institution has refused, or is stonewalling?
- If the institution is refusing or stonewalling, what is the case management agency doing? What is its strategy to bring this institution into a collaborative agreement?
- Which of the roles identified earlier does the case manager appear to be playing in the assessment process?
- How do the staff at other institutions view the collaboration (i.e. Are they complying because someone made a deal or because they find it helpful or both?)?

WHAT MIGHT BE SOME BENCHMARKS FOR AN EFFECTIVE CASE PLANNING SYSTEM?

- To what extent do case plans represent the plans of multiple institutions?
- To what extent were those plans developed in a joint or multiple institution collaboration?
- To what extent were young people and their families actively involved in the development of case plans?
- To what extent do participating institutions keep each other abreast of changes in case plans?
- To what extent does a mechanism exist that captures the weaknesses in case plans due to service unavailability, and to what extent is this information available to and used by the Collaborative Council?

WHAT MIGHT BE SOME BENCHMARKS FOR AN EFFECTIVE LINKING SYSTEM?

- To what extent has linkage been achieved through formal inter-institutional agreements as opposed to ad-hoc brokering?
- To what extent is linkage a firm and specific commitment to coordinated service delivery, as opposed to the mere acceptance of a referral?
- To what extent do institutions receiving referrals commit not only to doing their specific part, but also commit to the larger case plan and its goals?
- To what extent has linkage placed burdens on service institutions (how much paper, how many meetings, etc.)?
- To what extent have case managers developed respectful, collegial relationships with the staff of other institutions, without compromising the advocacy role?

WHAT MIGHT BE SOME BENCHMARKS INDICATING THAT MONITORING HAS BEEN EFFECTIVE?

- To what extent do other institutions expect and accept case management in a monitoring role (Monitoring a case plan's implementation cannot be effectively done if it is akin to espionage. It has to be an above-board process.)?

- What has been the impact of monitoring? Does it result in case plan changes? Is there a method by which the information gained in monitoring is fed back and used?

- What are the feelings and thoughts of young people and their parents about progress? Is this information seen as critical in the monitoring process?

- Are the results of monitoring aggregated in a useful form for the Collaborative Council and other policy makers?

WHAT MIGHT BE SOME BENCHMARKS INDICATING THAT ADVOCACY HAS BEEN EFFECTIVE?

- Are case managers able to walk the thin lines between firm advocacy and alienating the agencies with which they work?

- Is advocacy implemented only on a child-by-child basis or do the issues raised in individual cases contribute to an agenda for policy and change?

- Is the advocacy function performed in a planned, strategic way or is it reactive?

- Is the advocacy role understood and accepted in the community at large?

The answers to some of these questions will not be easy to hear. Evaluation can be threatening if it is viewed as a necessary evil that will probably produce information damaging to the collaborative effort. And it is a waste of time if evaluation is viewed only as an exercise to be endured to meet the requirements of funding sources. Neither of these negative approaches need be true. Uncomfortable as evaluation may appear before it is undertaken, it can be handled in a constructive, valuable way.

Results of evaluation that are less than positive provide information helpful in improving the initiative and its management before real crises ever appear. To avoid the discomfort of a summary evaluation that says, "The entire effort is a flop," the evaluation process should start at the very beginning of the effort. The data it produces should be viewed regularly, and evaluators should strive to translate data into constructive recommendations. Decision-makers should implement steps that lead to rapid remediation of system defects.

In a similar manner, positive evaluation data serves as a vehicle for strengthening the initiative. Because it shows that

institutions' efforts are paying off, it can be useful in soliciting continuing or additional support, involvement, and funding. It can sometimes move individuals or institutions that had been fence-sitting -- waiting to see whether the effort was safe enough to commit to.

To be useful, the evaluation system needs to combine on-going analysis of benefits to young people and to institutions. It should be kept simple, easy to understand, and free of jargon. It should be presented in a form that permits clear, corrective decisions.